Manitoba

# Annual Report 1985 - 86*

## Health

*For the period ending March 31, 1986.

# Manitoba

**Minister of Health**
**Minister Responsible for Sport**

7th Floor
175 Hargrave Street
Winnipeg, Manitoba, CANADA
R3C 3R8

December 18, 1986

To His Honour
George Johnson
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the honour to submit herewith the Annual Report of Manitoba Health for the fiscal year 1985-86.

Your obedient servant,

L. L. Desjardins

Laurent L. Desjardins
Minister of Health

# Manitoba

**Deputy Minister of Health**

Winnipeg, Manitoba, CANADA
R3C 3R8

December 10, 1986

The Hon. Laurent L. Desjardins,
Minister of Health

Sir:

I have the honour of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1985-86.

In November, the Department was reorganized from four to three operating divisions — Mental Health Services, Community Health Services and Administrative Services. This restructure provided for a more co-ordinated approach in terms of program development and service delivery within the fields of mental health and community health.

The accomplishments outlined in this Annual Report reflect the department's commitment to community based services.

Your obedient servant,

T.R. Edwards, C.A.
Deputy Minister of Health

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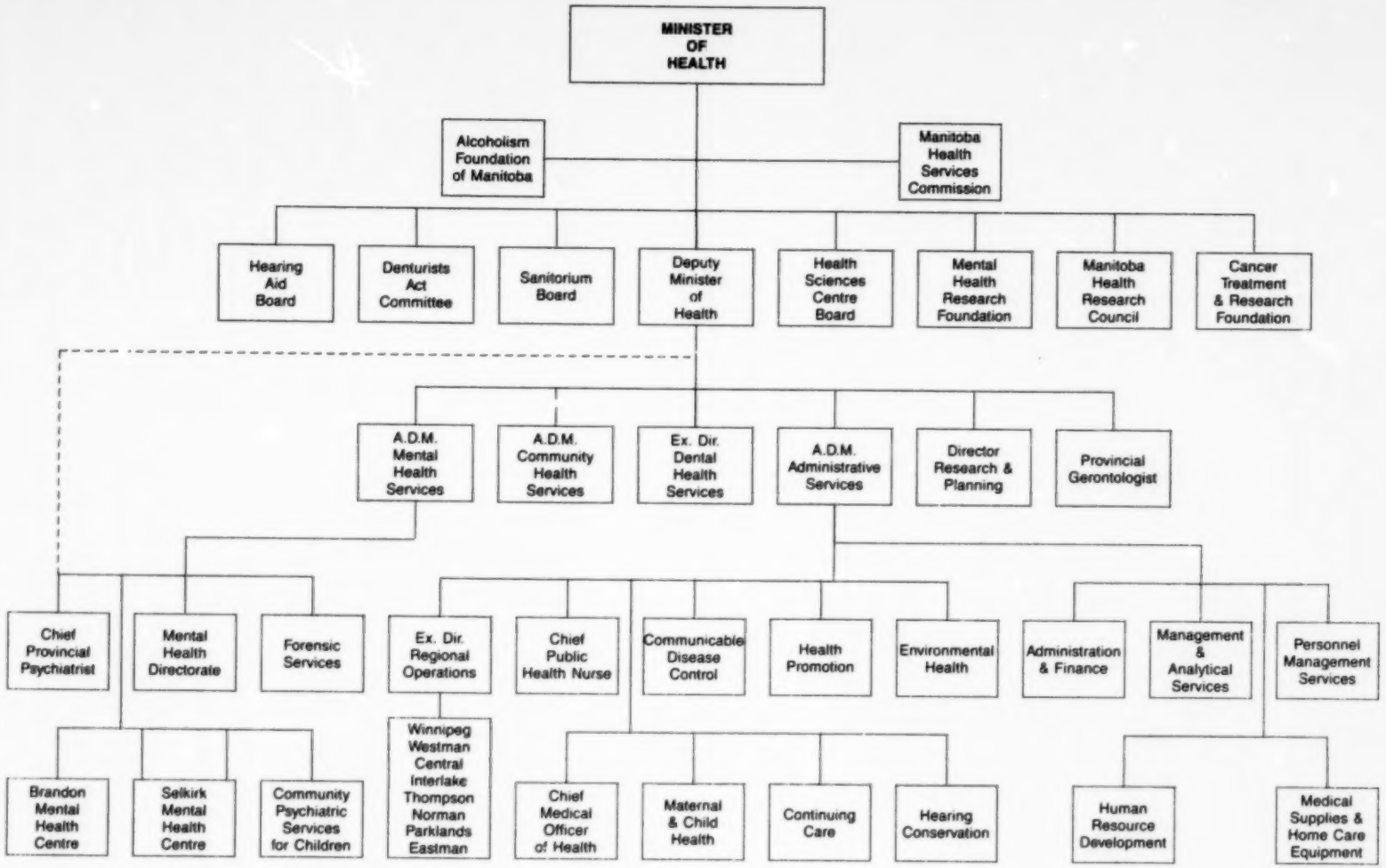
# Organization Chart — Manitoba Health




September 1985

# Administrative Services Division

The Administrative Services Division is composed of five integrated branches: Administration and Financial Services, Personnel Management Services, Management and Analytical Services, Medical Supplies and Home Care Equipment, and Human Resource Development.

The major responsibility of the Division is the coordination of financial planning for the department. This function involves ongoing liaison with program and operational divisions in order to promote the most efficient use of available resources.

The Division also maintains a central resource centre and a warehousing and distribution operation for medical supplies and home care equipment. The development and administration of departmental funding for external agencies is also included within this Division.

The Division provides a range of services aimed at improving the operational efficiency of the department and increasing cost effectiveness while enhancing service delivery to the public. These services include comprehensive operational reviews, internal audits, administrative studies, automation feasibility studies and implementation/maintenance of computer systems.

## Administration and Financial Services

This branch manages the internal financial affairs of the Department, administers funding to external agencies, provides health library services including film and publication distribution, and coordinates support services to meet departmental operating requirements.

During 1985, in cooperation with the Department of Finance, this branch participated in the development of a program and financial management pilot project. Scheduled to be implemented during the 1987/88 fiscal year, this pilot project is expected to significantly improve the department's reporting of program and financial information.

Through central financial planning and cooperation, the Program Budget Review Section controls the Department's financial resources; facilitates the development of the annual estimates; conducts financial analyses, and provides financial reports to senior management. In 1985 the department refined its approach to the estimates process and related priorization exercises which included management at all levels to a much greater extent. This process will be continued into the 1987/88 budget cycle and should significantly increase participation at all levels.

The Financial Services and Operational Support Services Section are responsible for the payment of accounts, the collection of revenue, the processing of Homemaker payrolls, and operations supports to the Department. A post-implementation review of the Homemaker payroll system commenced in 1985 with completion and modification to the system anticipated in 1986.

Operational Support Services section facilitates the planning, acquisition and managment of departmental office space, vehicles, and equipment. This section also coordinates the implementation of Records Management consistent with the overall policy and directives issued by the Provincial Archives. During 1985/86 this section assisted with the completion of the audio-visual link between Brandon Mental Centre and the Health Sciences Centre.

The Agency Relations section is responsible for determining appropriate funding conditions and administering funding to external agencies consistent with the provisions of the Financial Administration Act and related directives.

The Health Informantion Resources section provides information, referral and advisory services to departmental staff, other government departments, external agencies as well as the general public. This section includes the Anna E. Wells Memorial Library and the Health Resource Centre. The library collects, researches and loans technical reference materials on health and social service subjects. The Health Resource Centre loans films, package programs, and other visual materials as well as distributing printed resources which support departmental programs and services.

## Personnel Management Services

This branch provides comprehensive services in the areas relating to human resource management for the department including the Mental Health Centres. This includes the provision of ongoing services in areas of staff recruitment and selection, position evaluation and classification, pay administration and payroll, employee relations and management training in personnel functions. In addition, the branch provides management and staff with consultation and interpretations of Civil Service and departmental personnel policies and applicable legislation, and develops, implements, and monitors departmental policies, programs, and standards.

Considerable assistance was provided to the Manitoba Lotteries Foundation in developing their own personnel function which now has been formally established.

The Department's payroll/personnel documentation function was transferred to Personnel Management Services from Administrative Services.

The branch has been extensively involved in the classification and recruitment for the new staff years which were provided to the department to implement new initiatives in Continuing Care, Community Mental Health, and Maternal and Child Health programs. In conjunction with the New Careers Program of Manitoba Employment Services and Economic Security. The branch facilitated the recruitment of individuals from rural and northern communities to take part in the two year New Careers Training Program for Community Health Workers.

The branch continues to receive high numbers of applications for most vacancies but certain disciplines and locations still remain difficult to staff. Outreach recruitment activities were continued through the cooperation of the Manitoba Association of Registered Nurses and the University of Manitoba School of Nursing to address recruitment problems in Public Health Nursing in rural and Northern Manitoba.

The Department has continued to train physicians through the Career Program in the fields of Community Medicine and Psychiatry. A number of graduates from these programs are now employed by Manitoba Health.

New government programs and policies were implemented in the department during 1985/86. The Deferred Salary Leave Plan for employees in the Social Sciences, Education and Excluded components has been well received. The Affirmative Action joint labour/managment committee continues to plan for implementation of this program throughout the Department. A number of surveys have been conducted to obtain a staff profile and to identify potential and existing barriers to employment. A review of the class specifications has also been undertaken to remove any systemic barriers. Applicants for employment can now complete a self-declaration form to designate their status as an Affirmative Action target group member.

Employee relations continues to emphasize effective labour/management relations through assistance to managers and employees in matters of employer/employee relations and through employee counselling. A series of meetings were held with managers and supervisors concerning the application of various agreements with particular emphasis on new or expanded clauses in the Collective Agreement.

## Management and Analytical Services

The Management and Analytical Services branch provides a number of support services to Manitoba Health at the senior management level as well as the operational level. These services include comprehensive internal audits, operational reviews, development of computer and manual data systems, and provision of support to departmental computer installations. This branch is organized in a structure which provides for efficient, effective use of computer technology.

The Internal Audit Unit is responsible for the provision of operational and financial systems review. These reviews are aimed at identifying areas of improvement, to contribute to the economy, efficiency, and effectiveness of the area under study. The functions of the unit are consistent with guidelines approved by Treasury Board and Manitoba Finance relating to internal auditing. All areas within the Department are subject to review on a systematic and request basis as approved by the Audit Committee.

The Systems Planning and Computer Services Unit is responsible for conducting studies related to all manual or computerized systems for purposes of developing, updating and implementing new applications or changes to systems, procedures and forms for the departmental use. New computer systems are designed, programmed, implemented and reviewed for effectivenss. The unit also participates in and provides support to other types of studies conducted within the department including organizational analysis and other operational reviews.

The Unit is responsible for the provision of technical advice to the department related to computer hardware acquisition and support. Such areas as communications networks and efficient hardware utilization are major considerations of this unit. The Unit also participates in the evaluation of software programs.

During the past year the Internal Audit Unit has completed a number of departmental audits which have included: Computer Information Systems, Medical Supplies and Home Care Equipment — Warehouse Facility, Winnipeg Region as well as the preparation of expenditure forecasts. A number of facility security reviews were also conducted. The audit of the Pharmacy units at the Selkirk and Brandon Mental Health Centres, a statistical review of vehicle usage within the Department and the audit of the Medical Supply and Home Care Equipment repair shop function are currently underway.

The Systems Planning and Computer Services Unit has completed a number of projects including, a review of overall departmental needs for automation, preliminary research planning for a Community Health Programs client data base. Preliminary activities relative to the automation of the Continuing Care Program have been conducted. This Unit continues to provide ongoing support and maintenance to the various computer systems in place throughout the province. During 1985, further development took place in the computerization of the client registry and inventory control system for the Medical Supplies and Home Care Equipment Branch.

## Medical Supplies and Home Care Equipment

This branch provides a community support service through the acquisition, warehousing, distribution and repair of a wide range of medical supplies and equipment required to facilitate the care and independent living of Manitobans in their own homes. In 1985, program conversion to a new computerized system was completed.

During 1985, the branch provided 50,667 patient services to Manitobans throughout the province. In addition, 1800 indirect services through other program areas were also provided.

Requests for the oxygen concentrators under the Respiratory Support Systems Program have increased this year. There were 196 clients registered in this program at the end of this fiscal year.

The number of Ostomate patients registered with the Manitoba Ostomy Program remained relatively consistent during 1985/86. In addition to the provision of stoma care products, consultative services were made available from two enterostomal therapists who are specialists in the field.

This branch also administers the acquisition of manual and power wheelchairs for the Manitoba Wheelchair Services Program. Distribution and repair services are provided through the Society for Manitobans with Disabilities Inc.

## Human Resource Development Branch

The Human Resource Development branch is responsible for the planning and implementation of management related staff development programs for the department.

Training and staff development is a central element of human resource management as well as the principal means of enhancing the knowledge, skills and abilities of departmental employees. The major thrust of the branch's activity has been in the area of management training.. This is in response to needs assessment completed in 1985 in which departmental management identified management training as a top priority. During 1985/86 over 140 managers and supervisors participated in training programs provided by the branch.

In order to provide department staff with information regarding training and development programs, a catalogue was prepared which outlines the programs available from the branch.

The branch is in the process of developing a Secondment Program for managers which is scheduled to be piloted in the upcoming fiscal year. The program is designed to provide managers with hands-on experience in departmental administration and finance and personnel management as well as developing a cadre of administrators with a background in these areas.

An important, continuing function of the branch is to act as a consultative resource to a number of agencies and groups. In 1985 these services were provided to the Home Care Program, Manitoba Community Services and regional Public Health Nurses. The branch also worked closely with the University of Manitoba and Red River Community College in the development of programs.

# Community Health Services Division

This Division is responsible for program development and support services for the programs of Manitoba Health as well as the health service delivery system provided through regional offices.

Program directorates are responsible for providing leadership for the development of community health programs, the establishment and maintenance of program standards, professional consultation to staff as well as staff training and development.

## Regional Operations

In each of the eight health regions in the province, the health service delivery system is administered by a Regional Director who is responsible for the administration and delivery of field services of Manitoba Health and Manitoba Community Services.

Regional offices in Manitoba provide a wide range of community based health and social services. These services include: medical consultation support services, communicable disease control, audiological services, maternal and child health, health promotion, health education, home economics, services to seniors, home care services, community mental health, dental health, environmental health as well as child welfare, community mental retardation and rehabilitation services.

Regional Directors report to Executive Directors of Regional Operations of each department. Program and fiscal control for health programs come within the jurisdiction of Manitoba Health. Program and fiscal control for social services programs come within the jurisdiction of Manitoba Community Services. Both departments maintain central office provincial program directorates which have responsibility for program development, program standards control, program monitoring, technical support services and program financial control. These specialized program units work directly with the regional field system to provide essential program direction and support to the service delivery component.

At the Divisional level, the Assistant Deputy Minister of Community Health Services provides a dual executive responsibility for activities related to program development as well as health services delivery.

The Executive Directors of Regional Operations in Manitoba Health and Manitoba Community Services work very closely in assisting Regional Directors to promote departmental objectives including the identification and establishment of methods of solving problems related to program delivery. Support staff are provided where appropriate which allows for efficient staff utilization between departments.

## Health Promotion Directorate

The Health Promotion Directorate plays a major role in the development of educational programs aimed at influencing positive health attitudes, knowledge and lifestyle behaviour.

## Home Economics Section

The goal of the Home Economics program is that Manitoba families will maximize wellness and reduce risks to physical and mental health through optimum use of resources. Programs are provided in preventative and remedial nutrition, family resource management and basic living skills.

Home Economics services are delivered throughout the province by field Home Economists in Health and Agriculture. The Home Economics Section provides coordination, direction, support and resource development for the delivery of the Home Economics program. Major target groups are those at risk nutritionally and economically and include low income families, young families, farm families, native families and the elderly.

### Nutrition

Pregnant and post-partum women continued to be a priority for the nutrition program. Strategies include regular prenatal nutrition classes, establishment of special prenatal classes for the single/adolescent pregnant women and native woman, use of newsletters, media and prenatal risk assessment for early identification and management of those women nutritionally at risk. Creation of a Young Moms support group in one area of Winnipeg was a new initiative in the Year of the Youth to encourage adequate nutrition for infants in the low income, single parent family. Optimum nutrition for infants was encouraged in Winnipeg by the orgainizing of an Infant Nutrition Seminar for health professionals and care providers working with infants.

Because nutrition habits related to poor health among adults are formed early and are increasingly difficult to change later in life, elementary school age and adolescents are also a major focus of education. New initiatives in this area include investigation of the relationship of smoking to control weight among adolescent girls, increased support for nutrition month through promotion and newsletters to teachers, fitness instructors, health professionals and businesses, and translation of the first nutrition resource into French.

### Family Resource Management

In 1985, financial management programs continuted to focus on low income or beginning families. Strategies include one-to-one counselling with clients referred by health and social work professionals as well as group sessions. A new initiative this year in Winnipeg and in Northern Manitoba is the promotion of money management home study course, "Mind Your Money".

Housing and clothing/textile aspects of resource management information was provided through provision of individual advice and courses in clothing construction, buymanship in clothing and home furnishings, energy conservation techniques in housing, and home maintenance. Newsletters in financial management and housing were provided to professionals, tradespeople, and businesses.

### Basic Living Skills Program

Basic Living Skills is a program targeted at those who are physically and mentally disadvantaged. The objective of the program is to maximize the independent living skills of this group through training workshops held with the care and service providers.

## Health Education Section

In 1985/86, the Health Education Section continued activities to reduce smoking among youth. A peer assisted smoking prevention program was developed by Health and Welfare Canada and piloted with Grade 7 students in eight Winnipeg schools. The results of this control study are currently being assessed.

A children's magical smoking prevention show was provided to schools throughout the province and involved over 5,000 students at the Grade 4-6 levels.

In 1985, voluntary guidelines for smoking/non-smoking in the workplace were implemented in all Manitoba Health offices, the Manitoba Health Services Commission, the Sports Directorate, the Cadham Provincial Laboratory as well as the Manitoba Lotteries Foundation.

Surveys of the smoking behavior of approximately 12,000 Grade 3 to 12 students as well as 1,500 adults were conducted during 1985. The data obtained will be used to assess the impact of smoking education programs.

## Diabetes Education Program

During 1985/86, eight Diabetes Education Resources (DER's) were established throughout the province (two in Winnipeg and one each in Carman, Morden, Westman Region, Interlake Region, Thompson Region and Norman Region). Program standards, guidelines and procedures are being developed and monitored through the office of the Diabetes Education Coordinator.

Some of the major accomplishments of the program include:

— establishment of a coordinated network with government, non-governmental agencies, professional associations and existing diabetes education centres;

— development of a three level patient education program and complimentary resources;

— development and implementation of a diabetes in-service for community health workers and public health nurses;

— development of a program evaluation protocol and implementation of a data base system in collaboration with Manitoba Health Services Commission;

— implementation of a two week orientation and training program for DER staff

Future program directions include expansion of services provided to persons with diabetes and their families, establishing educational programs for health professionals involved in the care of persons with diabetes and development of a public education and primary prevention program.

## Fitness Section

The goal of the Fitness Section is to promote projects which provide Manitobans with opportunities to attain their highest level of physical fitness.

During 1985 the Fitness Section updated fitness courses and developed a policy handbook to improve Fitness Leadership Development programs. A manual entitled "Nutrition Way to Fitness" was also produced in cooperation with the Manitoba Milk Producers Marketing Board to provide reference material for fitness leaders taking the special workshop on nutrition.

A registration list of all Fitness Leaders in the Province was completed this year including Fitness Leaders accredited through YMCA, YWCA and the Manitoba government. A training session for Fitness Trainers was held in June and a training course for Fitness Supervisors in September, 1985.

Sixty-one senior citizens from three regions participated in a fitness for seniors leadership development program to encourage seniors to be leaders of their own fitness programs.

The Fit-4-Fun program continued to be available to Manitobans who desired to improve their own fitness level by taking part in activities of their choice. A total of 627 people participated in this program.

The "Corporate Challenge" program is aimed at employees of companies to improve their fitness standards by taking part in enjoyable activities. Approximately 200 companies in Manitoba were exposed to this employee fitness program.

## Services to Seniors Section

Services to Seniors continues to provide organizational and community services to help older persons and seniors organizations throughout the province. Services are primarily directed towards the development of multi-service Senior Centres bringing to thirteen the total operational centres in Manitoba, nine in Winnipeg, and one each in Brandon, Selkirk, Winkler and Portage la Prairie.

Under the Support Services for Seniors program, thirty community-based projects have been funded. These projects are owned and operated by the community to maintain an independent lifestyle for seniors. These services include such things as meals, meal preparation, transportation, escort services, housekeeping/handyman, telephone reassurance, and friendly visiting.

Communities are able to receive financial assistance through Manitoba Health to subsidize some required direct service under this program. They can also develop Community Resource Councils which may be supported through staff consultation and funding assistance.

Manitoba Health supports both Senior Centres and Community Resource Councils which become the service delivery component in communities wishing to coordinate a variety of support services to seniors or other individuals in the community.

Additional Support Services to Seniors projects are projected for 1986. A Senior Centre in Beausejour is the developmental stages while another Senior Centre for Dauphin is in the conceptual stage.

## Media Services

This office is responsible for the overall coordination and development of communications policies, services, and resources for all branches of the department. The Coordinator works closely with administrators and program managers in the planning, implementation, and evaluation of mass media communication programs and the development of informational resources.

During December 1985, a public information program was launched which focused on Acquired Immune Deficiency Syndrome (AIDS). A smoking education campaign was also implemented in November 1985 and January 1986 which was targeted to youth in cooperation with the Manitoba Interagency Council on Smoking. In December, 1985 a communication program was also developed to combat an outbreak of measles in the Winnipeg Region. A four-page newspaper supplement was prepared for two seniors journals which outlined programs and services available to senior citizens from Manitoba Health and the Manitoba Health Services Commission.

In February 1986, the coordinator developed departmental communication guidelines and a media relations training program for all program and regional directors. A revised public information program and collateral resources were prepared for use in the event of a potential Western Equine Encephalitis public health risk.

## Communicable Disease Control

The purpose of Communicable Disease Control is to minimize the adverse effects of communicable diseases on the health of Manitobans. Primary prevention or the avoidance of communicable disease is achieved through active immunization programs. Secondary prevention is attained through passive immunization programs as well as treatment of sexual contacts for sexually transmitted diseases. Tertiary or curative measures are initiated when disease outbreaks occur and include recommendations for medical management as well as surveillance and reporting to identify the source in order to control the spread of disease.

## Immunization

Most biologics are provided free of charge to Manitobans by Communicable Disease Control. In many cases, several immunizing agents are combined for efficiency of administration. For example, Diphtheria, Pertussis, Tetanus (DPT) vaccine is recommended for all children and booster shots are encouraged for adults. Although diphtheria and tetanus are uncommon in Manitoba, the agents that cause these diseases are present in the environment which underlines the need for immunization programs to prevent

disease. Pertussis (whooping cough) outbreaks continue to occur and can be associated partly to inadequate immunization protection.

### Poliomyelitis

No cases of paralytic polio have been reported in Manitoba for over a decade. This can be attributed largely to the polio immunization program. Manitoba Health continues to recommend oral poliovirus vaccine for all children with boosters for adults in specific risk categories.

### Measles, Mumps, Rubella

The combined Measles, Mumps, Rubella (MMR) vaccine is now recommended for all children at 12 months of age. All 11 or 12 year olds girls as well as women not known to be immune to rubella are also advised to receive rubella vaccine.

Measles Elimination Program: Manitoba Health has been working co-operatively with the Manitoba Education on a measles elimination program. Measles immunization is ideally administered to children at 12 months of age and is currently a prerequisite for school entry in Manitoba. Students who do not have immunity are exluded from school if a case of measles occurs in their school.

Immunization levels for measles in the province are approximately 85-90% which are not high enough to prevent outbreaks of this viral disease. In the fall of 1985 a major outbreak of measles occurred in the Thompson region and by December had spread to many other regions of the province. The immediate objectives for this program are to increase the immunization level and to improve the management and availability of immunization records.

### Rabies

Rabid animals continue to be reported in the southern part of the province and there is also recent evidence of rabies activity in northern areas. Rabies vaccine is recommended for persons at ongoing risk of exposure to potentially rabid animals and is also administered to persons following exposure to such animals.

### Hepatitis B

Communicable Disease Control continues to provide Hepatitis B vaccine to newborns or infected mothers as well as sexual contacts of persons with acute cases of the disease. Discussions are currently underway to expand this program to other risk groups.

### Manitoba Immunization Monitoring Service

This program has been expanded to include all parts of the province with the exception of Thompson region, parts of Winnipeg City as well as Federal reserves.

### Hepatitis A and Shigella

The recent epidemic of Hepatitis A and Shigella is declining. The decrease in number of cases of Hepatitis A is primarily due to the acquisition of natural immunity by the susceptible population. Until improved water supplies and sanitation facilities are available throughout the province, outbreaks of this kind will continue to occur.

### Disease Outbreaks in Child Day Care Centres

With the expansion of child care centres for preschool children (including those in the diaper stage) communicable disease risks for this age group have significantly increased. Only through scrupulous personal hygiene methods on the part of the centres and follow-up through appropriate control measures can the incidence of communicable disease in these facilities be reduced.

Communicable Disease Control continues to administer the Rheumatic Fever and Life Saving Drug Programs.

## Sexually Transmitted Diseases

The goal of the Sexually Transmitted Disease (S.T.D.) Control Program is to reduce the incidence and prevalence of sexually transmitted diseases in Manitoba. The two notifiable diseases under provincial regulations are gonorrhea and syphilis. Chlamydia trachomatis and Herpes simplex viral infections are also monitored by this branch.

**1. Program Standards and Guidelines**
STD Control branch reviews and assesses each notification report from physicians in order to ensure that patients and their sexual contacts have been appropriately treated.

**2. The Central Registry**
The Central Registry allows for prompt investigation of cases as well as their sexual partners. The Registry also allows for tabulation of provincial statistics and for the identification of high-risk groups. This data is an important factor in program planning.

The reported incidence of gonorrhea in 1985 decreased by approximately 5% compared to the previous year. Syphilis has maintained comparable levels to 1984. In 1985, three cases of penicillinase-producing Neisseria gonorrhoea were identified. Epidemiologic investigation indicated that these three infections were acquired outside of North America. All three infections were quickly contained and no disease transmission in Manitoba has been identified. Of the 1,068 positive serological reports of syphilis received from the Cadham Provincial Lab, 205 were not known to the STD Branch and required indepth investigation to rule out the potential of infectious disease.

One case of Chancroid was reported in 1985 and investigation indicated that this infection originated outside the country.

**3. Professional Education**
Informational updates for professionals on the management of sexually transmitted diseases remains one of the most important activities of this branch. Total management of cases and contacts requires the combined efforts of physicians, nurses and laboratory technologists. Lectures on the management of the major STDs were provided to 484 student nurses in various nursing programs and 387 post-graduate nurses. Three courses prepared 24 community and institution nurses in the advanced methods of patient-interviewing and contact-tracing.

**4. Reporting**
The STD Control office continues to receive positive laboratory results from all the credited laboratories. This office then notifies each attending physician to provide the information and to collect pertinent data. This program instituted in 1982 has resulted in physicians reporting approximately 95% of all positive laboratory-confirmed infections. The monitoring program to assess the frequency and significance of STD due to Chlamydia trachomatis continues. Data collected by STD Control indicates that Chlamydia trachomatis is a common and serious STD.

**5. New Programs**
The STD branch has directed considerable effort addressing the issue of HTLV-III infections. In 1985, three cases of AIDS were identified in the province. New educational programs directed to the medical profession and the public were developed and will be evaluated. HTLV-III Counsellor Training Programs are in the planning stage.

This branch has prepared documents necessary to make AIDS and STD due to Chlamydia trachomatis reportable diseases in Manitoba.

## Food Protection Operations

Food Protection programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs. This objective is attained by:

— Detecting and controlling microbiological, chemical and physical contamination in the production, processing, packaging, marketing and service of all food products;

— Addressing food related complaints and enquiries;

— Investigating suspected food borne disease outbreaks and ensuring that appropriate remedial action is taken;

— Developing and presenting educational programs to the food industry, educational institutions, regulatory agencies as well as the public;

— Providing consultation services to the food industry and regulatory agencies;

— Developing and monitoring food regulations or guidelines and their application in the field.

In cooperation with the Cadham Provincial Laboratory, arrangements are made to conduct bacteriological and other tests on food samples submitted as a result of suspected food borne disease as a part of a monitoring program of potentially hazardous food groups. A screening and interpretation service in this area is provided. Testing priority was given to ingredients which are ready-to-eat with meat or poultry. Emphasis was also placed on foods displayed to the public in food service establishments and retail food stores. During 1985/86, monitoring of pesticide and heavy metal contamination in foods was made in conjunction with other agencies.

Special projects were undertaken:

— to identify sulfiting agents in foods and to recommend discontinuance of their use to the food industry and to the public.

— to assess the planned introduction of centrifugal-type egg breaking machines in the province.

During 1985/86, particular attention was given to ensuring that all reported complaints are investigated fully and that the results are provided to the complainant. Foreign material such as glass, metal and insects in foods are continuing to be reported and preventive measures are ongoing with the food manufacturing and processing industry in an effort to reduce these incidents.

Leadership and direct participation in food industry education programs in co-operation with industry organizations and other control agencies was provided with particular emphasis on health care institutions.

## Environmental Health Services

Environmental Health Services is primarily concerned with the assessment of the effects of environmental factors on human health. This is accomplished by assisting with the development of programs and services designed to monitor, control and regulate environmental factors which may affect the physical and mental health of Manitobans. Response to health concerns involves the identification and dissemination of information on environmental health matters including the collection and tabulation of data as well as the determination of public health risk from substances in the air, soil, food and water. This also includes risk factors associated within the environment such as radiation, temperature and noise.

In 1985, staff were involved in a number of issues including asbestos fibres in drinking water, the treatment and disposal of sewage, the treatment and distribution of drinking water. In addition, staff provided consultation on matters related to accidental chemical spills of herbicides and insecticides into waterways which were community water sources as well as accidental discharges of Poly Chlorinated Biphenyl (PCB's).

Staff continue to provide technical advice for the department through participation on Committees dealing specifically with issues such as radiation in drinking water, bathing beach and recreational water quality, monitoring, compensation to beekeepers, civil technology curriculum reviews, the transportation of dangerous goods and the handling of hazardous products, indoor air quality with regard to radon gas in homes.

During 1984/85, Environmental Health staff were requested to evaluate and comment on a number of submissions made to the Clean Environment Commission concerning approval to dispose of waste by-products into the air, soil and water. Technical reviews were completed and reports were submitted which assessed impact on public health. Staff were also requested to attend several public hearings to provide evidence on environmental matters related to mining, agriculture, industrial processes, municipal sewage treatment and including the developmental review of Water Quality Guidelines for Surface Waters in Manitoba in relation to public health.

The Health Environment and Review Committee, chaired by the Director, continued to provide ongoing reviews, recommendations and reports on legislation and programs in public environmental health. This committee is currently completing an update of the Manitoba Public Health Act. The Director also provided assistance and advice to Manitoba Environment Workplace Safety and Health in the capacity of the province's Chief Occupational Medical Officer.

## Dental Health Services

The goal of Dental Health Services is to achieve an improvement in the dental health of all Manitobans. This involves four major activities; dental treatment, utilization of effective dental public health measures, dental health promotion, and education with research into dental public health problems. Dental Health Services are administered through district offices in Winnipeg (Eastern District) and in Brandon (Western District).

The Children's Dental Program provides dental treatment services to approximately 57,800 of the province's children 6-14 years of age. In the areas covered by the Children's Dental Program, all children aged 6-14 are eligible, with the exception of Portage La Prairie and Thompson where children aged 6 to 10 years are eligible.

Children eligible to receive treatment under the program are assigned according to their residency to one of the two modes of program delivery. The Manitoba Dental Association provides for approximately half of the dental treatment according to a fee-for-service using private practice dental offices. Manitoba Health's program provides school-based services utilizing Dentists, Dental Nurses and Dental Assistants. The utilization rate of the school-based dental program continues to remain consistent at all age levels — 84% of eligible children.

The only areas not currently included in the Children's Dental Program are the cities of Winnipeg and Brandon.

The Manitoba Dental Association in the fiscal year ending March 31, 1986 show their utilization at an average of 63%. This figure is based on a fiscal year end and is lower than in previous years which were based on calendar statistics. The mode of collection and processing of information is also different from previous years as the Manitoba Dental Association component of the Children's Dental program is now administered by Manitoba Health and not the Manitoba Dental Association as in the past.

Additional statistical data on the delivery of the Children's Dental Program by the Manitoba Dental Association is contained in the Statistical Appendix.

A comprehensive preventive dental program in the school is directed to students from the Kindergarten to Grade nine levels. Students in the primary grades (K to Grade 3) participated in the Daily Brushing Program at a higher frequency than students at the higher grade levels. Dental health education programs above the Grade nine level are provided on a request basis. Schools are encouraged to provide the Weekly Fluoride Rinse program to include all Kindergarten to Grade 12 students.

During the current fiscal year, Dental Health Services provided public health/preventive programs to Centres for the mentally handicapped and to Child Day Care Centres. Educational services were also provided to prenatal and postnatal education classes, career days in schools, parent meetings, preventive programs for preschoolers, and informational seminars. Staff were also actively involved in educational activities in conjunction with Dental Health month.

Dental Health Services provides funding for special grants to the St. Amant Centre, the Churchill Northern Health Services and the Swampy Cree Tribal Council in Northern Manitoba. The branch also continued to operate the water fluoridation program in a number of communities throughout the province.

Ten candidates graduated in June 1985 from the two year training program for Dental Nurses in Saskatchewan. An additional five candidates completed the first of the two year program and are anticipated to graduate in June 1986. Four candidates for the Dental Nurse Training program were also provided with bursary assistance to undertake the two year training program to be completed in June 1987.

## Office of Hearing Conservation

The Office of Hearing Conservation is responsible for the development and implementation of hearing screening, diagnostic assessments, and (re)habilitative audiology services in the health regions.

The objectives of this program include the prevention of hearing impairment, its early identification, the initiation of appropriate auditory rehabilitative procedures and the investigation into techniques and methods designed to achieve these goals.

There are Hearing Centres located in each of the seven rural health regions as well as four such Centres in the Winnipeg Region. Each Hearing Centre is equipped with diagnostic test instruments for assessing hearing sensitivity and evaluating the performance of hearing aids. Portable equipment is also available in each Centre to provide for basic hearing testing at locations outside the facility. Each Centre is also staffed by a professional Audiologist and in some regions by an Audiometrist who assists the Audiologist with the Hearing Conservation program.

Activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational, and administration.

**1. Clinical**

The major clinical activity of the program has been the organization and implementation of hearing screening services and diagnostic assessments for all age groups. In 1985/86, 13,627 persons were seen for audiologic assessments. With 8,389 found to have some degree of hearing impairment. In addition to these assessments 2.372 persons were referred to the Consultant Otologist for evaluation. Of this number, 1,160 were diagnosed as having hearing loss.

**2. Educational**

The Office of Hearing Conservation with cooperation from the Manitoba Speech and Hearing Association and Manitoba Environment, Workplace Safety and Health department continue to be responsible for the provision of a training course for Industrial Audiometric Technicians. The course initially offered annually, will be presented two or three times a year in response to the demand.

Lectures dealing with hearing, hearing impairment and hearing aids were presented to professional students and a number of community groups.

**3. Administration**

In accordance with plans to provide comprehensive audiologic services in the Winnipeg Region, a hearing centre was established at the Concordia Hospital. This brings the number of such Centres in Winnipeg to four, each providing audiologic services to a quadrant of the region. An additional Centre was also established in the Westman Region. This centre, located in Brandon, will facilitate the provision of services throughout the Region and largely eliminate any backlog of referrals.

Manitoba Health continues to provide a grant to Winnipeg School Division #1 to obtain audiology services from Child Guidance Clinic.

In cooperation with the Winnipeg League for the Hard of Hearing, funds were contributed for the provision of lip reading lessons. These lessons are delivered to small groups of hearing impaired residents that meet weekly at the Kinsmen Centre in Winnipeg.

The Westman Elks Preschool Auditory Rehabilitation Program, continues to provide services to hearing impaired children in the region. Delivery of services involves a team approach and promote individualized programming to meet the unique needs of each hearing impaired child. The Benevolent Purple Order of Elks and their auxiliary, are currently providing the necessary funding for the program. Long range plans call for Manitoba Health to assume responsibility for funding the Westman program as well as the establishment of similar programs in all health regions.

Future plans for Hearing Conservation include the development of a subsidized Hearing Aid Program for senior citizens, an aural rehabilitation component for the Regional Hearing Centres and speech/language services for preschoolers and adults in rural Manitoba.

## Maternal and Child Health Directorate

The Maternal and Child Health Directorate is responsible for the development of programs and resources with the goal of promoting optimal health for expectant parents, new families, infants, children and youth. Programs are developed within the Preconceptual, Perinatal, Child Health and Parenting stages. Directorate staff continued to provide consultation and leadership services to departmental staff and health related agencies personnel. During 1985, two new staff were appointed, bringing the Directorate staff to a total of six. The Advisory Committee to the Directorate meets on regular basis, providing interdisciplinary direction and support.

During 1985, the Directorate undertook a series of on-site visits to all of the district and sub-offices of the department to obtain first hand knowledge of local needs and issues concerning maternal and child health and to acquaint field staff with the goals and directions of the Directorate.

In all program areas, staff have reviewed publications and audiovisual resources in maternal and child health which are utilized by department staff and health and education agencies throughout the province. New brochures and posters have been developed on a variety of topics and have been widely distributed. The Directorate has initiatied a process of defining program protocols and guidelines for each maternal and child health service delivered by provincial staff. This activity will continue in the upcoming fiscal year.

## Preconceptual Health

The development of a provincial Reproductive Health Promotion Program continued to be a major priority. The purpose of the program is to make information and resources available to all men and women of reproductive age in order to assist them in attaining optimal reproductive health status. The program components include public awareness activities, community education, counselling, and clinical services which are directed to youth, parents and health professionals.

In 1985, a resource catalogue was developed and distributed which lists all audio-visual, publications and teaching kits on reproductive health available in Manitoba and includes a number of resources developed and purchased by Manitoba Health. Two regional meetings on various Reproductive Health issues were held and Directorate staff in co-operation with Planned Parenthood Manitoba provided inservices and consultation services to regional staff, educators, school counsellors, and other health professionals throughout the province. Reproductive Health Outreach workers at community health centres in Winnipeg held regular meetings with the Directorate to plan a coordinated outreach program among the centres. "Reproductive Health in Manitoba: The Facts", a statistical resource to assist in reproductive health program planning was prepared and distributed in 1985/86. The Directorate continues to act in an advisory role to the services developed by agencies funded under the Reproductive Health Promotion Program including the Committee on Unplanned Pregnancy and the "Facts of Life" line. The provision of family planning supplies to clients in need has been undertaken in community health centres throughout the province.

## Perinatal Health

A major focus of perinatal health programs has been the development of education resources for use in prenatal classes. A resource manual providing instructor reference, course content, teaching strategies and participant handouts is being developed with representation from public health, hospitals and private childbirth educators. This manual will be accompanied by a resource catalogue with annotated reference for films, kits and teaching aids for prenatal education which have been reviewed and approved by the Directorate staff. The Directorate provided consultation to prenatal programs through provision of on going training and information sharing activities. A leadership role continues to be played by coordinating services provided by a variety of prenatal and parenting educators as well as supporting the Parent and Childbirth Educators (PACE) Network, an interagency group whose primary purpose is to promote communication, information sharing and cooperation. The Directorate has participated in an advisory role in the development of resource paper by the Manitoba Action Committee on Status of Women concerning midwifery in Manitoba.

A major initiative in perinatal health has been the introduction of the Manitoba Post Partum Education Program to the rural health regions. This program is an information package and teaching approach designed to develop consistency in content of post partum teaching among health care service providers in institutions and in the community. This included in-services for departmental staff, local hospitals and staff of Medical Services, Health and Welfare, Canada throughout the province.

During this fiscal year, the Directorate formed an inter-hospital/public health committee for the purpose of developing standard obstetrical nursing forms for use by hospital and public health staff in a province-wide basis.

Final evaluation of the Early Post Partum Discharge Program indicates that provision of community based nursing services to new mothers and their infants is safe and acceptable.

## Child Health

During 1985/86, the Child Health activities focused on planning for assessment of preschool health activities with an emphasis on primary and secondary prevention. This assessment concentrated on Child Health Clinics and clinics for three year old children. It is anticipated that this review process will result in improved standards, a clearer definition of services, additional support resources and program evaluation criteria changes in services will be assessed through a series of pilot projects.

Plans are currently being made for the preparation of a listing of parent education and support resources in Manitoba.

A comprehensive review of the scoliosis screening program has been completed and recommendations will be presented in the upcoming fiscal year. Plans are also being made to prepare a series of teaching-learning packages for use in school health education. A co-operation planning approach is being used to develop a comprehensive child health record system.

## Congenital Anomalies Registry

The Directorate continued to compile a central registry of congenital anomalies. This data serves to provide a surveillance and documentation function and is reviewed on an ongoing basis by the Department of Genetics, University of Manitoba.

## Professional Development

In 1985, Directorate staff have provided consultation, in-service programs and continuing education to a number of health, education and social services personnel throughout the province.

## Office of Continuing Care

The Office of Continuing Care is responsible for the province-wide coordination of Home Care as well as assessment for placement into personal care homes.

This office has responsibility for program direction and management including the establishment and maintenance of standards, program evaluation and monitoring, staff development and liaison with other components of the health care system.

The program is delivered through the department's regional offices and sub-offices, and through five designated rural health centres. In Winnipeg there is also service delivery through four coordinating hospitals and short term services (under 60 days) are delivered through the Victorian Order of Nurses.

## Home Care

The Home Care program continues to provide an alternative to institutional care by assisting individuals who require support services in order to remain at home. The program also provides short term respite in the home as a support to families who are providing care and arranges for respite care in hospital and personal care homes.

As a part of the Home Care program the concept of independent living for the physically disabled is supported through special projects. In 1985/86 the fourth FOKUS Project became operational. Home support/home care attendant and orderly services are provided to individuals living in the community in specially modified apartments within an apartment building. There are now 44 persons in these four projects in Winnipeg. An additional 8 persons are served by a similar project operated by the Luther Home. Plans are being developed for a similar FOKUS Project for The Pas as well as a FOKUS V unit.

The Manitoba Home Care Orderly Service was introduced in August of 1984 to meet the needs of the physically disabled and other Home Care clients who require assistance with personal care. The number of persons receiving this service increased in 1985/86 to 396 as of March 31, 1986. The implementation committee of consumers, departmental and program staff continued to guide the development of the service.

During 1985/86, program staff participated with regional staff in the review of the service delivery of the program at both the area and regional level. There has been ongoing work with Winnipeg Region, hospitals, and the Victorian Order of Nurses in order to facilitate the discharge of patients from hospital to the community.

The efforts of program, departmental, and regional staff has resulted in the reclassification of Homemakers and Home Care Attendants and the implementation of improved benefits for Home Care direct service employees. There are now classifications of Home Support Workers, Home Care Attendants, Daily Workers, and Overnight Workers. These employees can now obtain credit for training and be eligible for increments.

Directorate staff continued to provide consultation and direction to department and community-based services related to Home Care and Personal Care Home Placement. There has been staff representation on several continuing and special committees concerned with program development and review, related to support services for the elderly, special services for the younger disabled including the initial development of a self management project, expansion of Adult Day Care, and hospital discharge planning.

The Office of Continuing Care has supported the ongoing development of professional knowledge and skills through the sponsorship of a two day staff development workshop for case coordinators and program supervisors. This year the issues of client rights and professional ethics and responsibility were topics of discussion.

The program also supports the development of skills and knowledge for direct service staff through the sponsorship of the Home Care Attendant Course and through ongoing inservices on specific topics. In 1985/86, staff participated in the First Manitoba Conference on Homemaking.

In the current fiscal year, the caseloads for both Continuing Care and Home Care continued to expand. As of March 31, 1986 the continuing Care caseload was 14,671 compared to 13,367 at the same period last year. The number of people receiving specific Home Care services was 14,271 at the end of the current fiscal year and the monthly average of persons receiving Registered Nursing services increased 10.6% and Licensed Practical Nursing Services also increased by 5.9%. The recording of services formerly classified under the Homemaker III and IV categories as Home Care Attendant service combined with increased caseloads has resulted in a 94.8% increase in persons receiving Home Care Attendant services. There were no significant changes in the number of persons receiving the services of a Home Support Worker. The average of persons receiving therapy showed a slight decrease in this fiscal year as compared to 1983/84.

In 1985/86, 11,479 persons were admitted to the Home Care Program compared to 10,438 in the previous fiscal year. The care level equivalent for persons admitted to the program was 37% acture care hospital level; 5% extended care hospital level; 30% personal care home level and 27% with no facility care requirements.

The number of persons discharged was 10,183 in 1985/86 compared to 9,549 in the previous fiscal year. Out of this group, 39% had improved to the point of being able to manage their own care and an additional 14% could manage with the assistance of family and friends. In 18% of the cases, the death of the client was the reason for discharge, 14% went to hospital and 10% were placed in a personal care home. The remaining 6% were discharged for a number of reasons including relocation to another province and referral to other programs.

The Home Care Program recruits and provides casual employment in the community for professionals and paraprofessionals. In March of 1986, the program employed 1,552 Home Support Workers, 1,287 Home Care Attendants and orderlies, 24 Daily Workers, and 151 Overnight Workers; all of whom provide homemaking and personal care services. The program also employed 355 Registered Nurses and 146 Licensed Practical Nurses to deliver care in the home. Therapy services are provided through Community Therapy Services of Manitoba.

The program continues to benefit from the contribution of volunteers who provide services such as friendly visiting, meals on wheels and congregate meals, daily telephone reassurance, and transportation to medical appointments.

## Personal Care Home Placement

For some individuals the most appropriate alternative is care in a personal care home. In 1985/86, 2,701 persons were panelled for placement. Despite the increasing number of elderly in the population, this number was again a decrease from the previous fiscal year. As of March, 1986 there were 1,510 people on the personal care home waiting list, the lowest number since June of 1983. This is due to the increased number of vacancies and admissions to personal care home as well as the slightly lower number of persons added to the list compared to the previous year. At the end of March, 562 of the persons waiting for placement were receiving home care services and an additional 245 persons were in community with family supports. The number of persons who were in hospital while waiting for placement as of March 31, 1986 was 703 as compared to 729 in the previous year.

## Health Care to the North

The responsibility to provide health services in northern Manitoba communities with a low population density is divided between Manitoba Health and Medical Services, Health and Welfare Canada in accordance with a 1964 Memorandum of Agreement. This agreement designates:

a) communities with a majority treaty population to federal jurisdiction for the provision of clinical and community health services,

b) communities with a majority non-treaty population to provincial jurisdiction for the provision of clinical and community health services.

Manitoba Health provides primary care and public health nursing services in 20 northern and difficult to access areas in the Thompson, Norman, Interlake, Eastman and Parklands health regions where access to other medical services and facilities is limited.

Primary objectives of the program include the provision of early diagnosis, treatment and follow-up of disease through primary care clinics and 24 hour emergency/first aid services, as well as disease prevention and health promotion.

In the past fiscal year, new nursing stations were built at Grand Rapids and Moose Lake to better facilitate service delivery. The professional component in Northern Health will be enhanced in the next fiscal year with the completion of the New Careers Training Program for Community Health Workers.

# Mental Health Services Division

To emphasize the importance of mental health services in the province, Mental Health Services was established as a separate division of the department in November 1985. This initiative was one of the recommendations made in a 1983 Ministerial task force review on mental health.

The Assistant Deputy Minister, Mental Health Services, is responsible for the management, direction and coordination of the diverse functions and units within the division.

Under this reorganization, the Chief Provincial Psychiatrist reports to both the Assistant Deputy Minister as well as the Deputy Minister of Health. The following services also report directly to the Assistant Deputy Minister — Psychiatric Services for Children and Adolescents; Forensic Services for Children and Adults; and the Mental Health Directorate. This Directorate maintains a strong liaison with the Manitoba Health Services Commission and community mental health field services in the Community Health Services division of the Department.

## Office of the Chief Provincial Psychiatrist

The Chief Provincial Psychiatrist is responsible for the administration of the Mental Health Act and provides professional consultation services to other divisions of the department in the delivery of Mental Health services.

The Chief Provincial Psychiatrist continued to maintain a staff appointment wiith the Department of Psychiatry, Faculty of Medicine, University of Manitoba which ensured an important linkage between the academic community and mental health field services.

During 1985 the Chief Provincial Psychiatrist continued to chair the Mental Health Review Act Committee which was formed in 1984 to review The Mental Health Act and make recommendations concerning possible amendments. Throughout the year, the committee received and examined written briefs from a variety of agencies and individuals.

A Central Advisory Committee comprised of 12 members under the chairmanship of the Chief Provincial Psychiatrist was appointed by the Minister in 1985 to advise on policy issues related to mental health. The initial work was undertaken towards the establishment of a regional planning group in each of the eight health regions in Manitoba.

The Chief Provincial Psychiatrist continued to receive a large number of requests to place mentally disordered persons under supervision in accordance with Section 17 of the Mental Health Act.

Although not a statutory requirement, the Chief Provincial Psychiatrist continues to administer an informal review of status program whereby compulsory patients in psychiatric facilities may appeal their admission. Reviews are conducted by senior psychiatrists and the majority of reviews were conducted at Mental Health Centres in Brandon and Selkirk.

## Forensic Services

Adult Forensic Services is located in the Pincock Building which is part of the Health Sciences Complex in Winnipeg. It also functions as an integral part of the Department of Psychiatry of the University of Manitoba. Consumers of the service are accused persons referred by the Courts or from the Correctional Institutions and Probation Services. In-patient beds for the further investigation and treatment of mentally ill offenders are available but there continues to be a shortage of psychiatric beds at the Health Sciences Centre. Staff of Adult Forensic Services includes a qualified psychiatrist, a general physician, a senior psychologist and a social worker.

Children's Forensic Services is located in the Manitoba Youth Centre in Winnipeg. This unit is staffed by a part-time Senior Consultant Psychiatrist and two other part-time psychiatrists. This unit also sees referrals from the Courts, from Probation Services and from staff of the Youth Centre.

Plans are underway for the development of a forensic psychiatric unit at the Health Sciences Centre.

## Community Psychiatric Services for Children

The mandate of Community Psychiatric Services is to provide comprehensive mental health services to psychiatrically disturbed children and adolescents as well as their families, as close to the community of origin as possible. Community Psychiatric Services for Children is centrally administered by the Directorate in Winnipeg and provides services throughout the province.

In order to address the need for child psychiatrists to provide services in rural Manitoba, Community Psychiatric Services for Children was established in 1974 to train non-medical professionals for deployment to all regions of the province. All Community Psychiatric Services for Children workers must complete a six month intensive training program in community child psychiatry before being deployed to the region. The training program is operated in conjunction with the Department of Psychiatry, Faculty of Medicine,

University of Manitoba. In 1985, Community Psychiatric Services for Children trained five Community Mental Health Workers for the Manitoba Adolescent Treatment Centre and one worker for Portage La Prairie. Three additional staff are presently undertaking this training program and will be deployed to the Norman and Westman regions.

The Community Psychiatric Services for Children worker is the primary contact for entry into the mental health system. These workers provide early identification and assessment of problems as well as an outreach program for urban intensive care facilities. Strong linkages between Community Psychiatric Services for Children and the acute and long term care resources at the Manitoba Adolescent Treatment Centre, have facilitated a better access to those services which cannot be located in each region. The worker ensures that a range of services are accessible, and that the level of intervention is most beneficial based on the assessed needs of the individual.

Based on regional needs, the community Psychiatric Services for Children workers divide their time into direct clinical services, consultation services, and professional/public education services. Clinical services include the identification, comprehensive assessment and diagnosis, treatment and follow-up services as well as crisis intervention services. Workers consult with the schools, agencies, rural mental health teams, organizations, and government departments, on child and adolescent mental health issues. They initiate and support resource development, and provide education on mental health matters to professional groups and the public.

A major development during this fiscal year was the operationalization of the decision to transfer more responsibility to the region for service delivery by the Community Mental Health Worker. The operational plan for the division and responsibility between the regions and Community Psychiatric Services for Children is as follows:

| Regions | Community Psychiatric Services for Children |
|---|---|
| 1. Joint selection and hiring of workers. | 1. Joint selection of candidate for training. |
| 2. Administrative supervision. | 2. Coordination, supervision, teaching and examination of Community Mental Health Worker during training program. (Successful completion of training program is a requirement prior to deployment in the field.) |
| 3. Identification of mental health needs of children and adolescents within the region and resource allocation. | 3. On-going professional education and support to network of Community Mental Health Worker workers in rural Manitoba and in Winnipeg. |
| 4. Management of cases including responsibility to ensure quality clinical care is provided. | 4. Psychiatric consultation and selected supervision of cases as requested by Community Mental Health Worker or Region regarding specific client issues. |
| 5. Provision of administrative support services. | 5. Standards and quality assurance for client care through program evaluation as needed. |
| 6. Costs including salary of workers after deployment to region, administrative support cost. | 6. Costs of salary and support services during training program; costs of on-going professional development. |

The urban service delivery component of Community Psychiatric Services for Children provides clinical and/or program consultation to child/family centered systems. On a sessional basis, psychiatrists are deployed by Community Psychiatric Services for Children to provide services to the child Guidance Clinic, St. James Educational Support Services, Forensic Services, and the Manitoba Adolescent Treatment Centre. Each psychiatrist operating out of the Child Guidance Clinic is assigned to a multi-disciplinary team responsible for services to children, adolescents as well as their families in designated school areas. These psychiatrists provide assessment, diagnosis and treatment for psychiatrically disturbed children and adolescents, consultation and professional education to the team and other professionals. Program consultation and in-service education to teachers and other professions in the community is also provided.

Community Psychiatric Services for Children, through the services of the Directorate and the deployment of sessional psychiatric staff, has continued its support of the Manitoba Adolescent Treatment Centre. The combined network of urban and Community Mental Health Workers for children and adolescents who are trained in the six month Community Psychiatric Services for Children program, has facilitated early identification of adolescents requiring highly intensive residential treatment services. This has allowed for more effective delivery of services and facilitated return of adolescents to their own communities.

## Mental Health Directorate

The Mental Health Directorate was formed in 1984 with the specific mandate of coordinating the development of continuum of hospital and community based mental health services.

During 1985, some significant gains were made in reaching this objective:

- The Directorate was strengthened by the appointment of two professional staff, bringing the total staff complement to three members.
- A number of new initiatives in community-based programs were undertaken. Two new community residences — "Project Growth" in Winnipeg and the Canadian Mental Health Association residence in Westman Region were opened. A Proctor Program, providing intensive rehabilitative programming to mental health clients on a one-to-one basis was initiated which involved 16 clients. A day program was developed in Winnipeg and steps were taken to initiate day programs in rural areas were undertaken.
- An audio-visual linkage between the Health Sciences Centre and Brandon Mental Health Centre was established which allows for psychiatric resources at the Health Sciences Centre to be accessible in Brandon.
- Co-operation and consultation with the Manitoba Health Services Commission regarding a number of projects included:
  - a redevelopment Program at the Misericordia General Hospital.
  - a Day Program Proposal for Manitoba Adolescent Treatment Centre.
  - a Psychogeriatric Program at the Seven Oaks General Hospital.
  - Development of the Psychiatric Institute at Health Sciences Centre.
- The Directorate participated in the patient classification and staffing reviews undertaken at the Brandon and Selkirk Mental Health Centres.
- The Directorate participated in the development of a report on a Mental Health Management Information System and in the development of a discussion paper regarding the Mental Health Act.

## Community Mental Health Services

The goal of Community Health Services is to maximize the integration in the community for all clients at their highest level of functioning. The client group can be classified into three categories: the post-mentally ill, those identified as being at risk for developing a psychiatric disturbance, and those with other mental health problems.

The community mental health team provides comprehensive assessment, consultation, crisis intervention services, direct treatment and follow-up, and community education to individuals throughout the province. The program is also involved in the planning, development and maintenance of community residences, independent and group living programs, foster homes, respite care, and day programs.

The mental health professionals are actively involved in a continuing education program to up-grade their professional skills and knowledge in meeting the varied needs and problems of clients that are serviced by the program.

Efforts are continuing to have psychiatric and psychological input into the mental health teams in the rural regions. This will ensure that clients are serviced as close to their home as is possible. During 1985, program capability was enhanced by the addition of twelve Community Mental Health Workers.

## Brandon Mental Health Centre

The Brandon Mental Health Centre provides a broad spectrum of mental health services to an area of approximately 210,000 residents in Westman, Parklands, and the western half of Central Region. These services include residential care and treatment for acute, medium, and long-stay patients, plus day care and follow-up programs. An outpatient department for children and adults in Brandon and surrounding area is also provided at the Centre.

In March, 1986 the Centre established a two-way audio-visual linkage with the Health Sciences Centre in Winnipeg. This interactive television system permits university-affiliated psychiatrists in Winnipeg to interview patients in Brandon and to provide consultation to medical staff at the Brandon Mental Health Centre. A number of other clinical, educational, and administrative uses are being planned for this system.

An additional technological innovation has been the increased use of microcomputers at the Centre. These systems are being used for research, compilation of clinical statistics, patient education programs, and processing of psychological test results.

In 1985, the Clinical Pastoral Education Program at the Centre achieved accredited status with the Canadian Association for Pastoral Education. The School of Psychiatric Nursing at the Centre also underwent a review by the Registered Psychiatric Nurses Association which is responsible for evaluating schools according to educational standards adopted by the profession and regulated under the Registered Psychiatric Nurses Act.

At the request of the Director of the Baccalaureate Nursing program at the University of North Dakota in Grand Forks, the Centre's School of Nursing provided a clinical practicum in psychiatric nursing for 15 students. With the planned closure of the School of Psychiatric Nursing at the Manitoba Development Centre in Portage La Prairie, the Brandon School of Nursing is preparing for increased enrollment in terms of increased staff and fiscal resources to address the new demands on the program. Since 1980, the average annual enrollment at the Brandon School has been 35 students, with an average of 25 students graduating each year.

In 1985/86, the Brandon Mental Health Centre continued its thrust toward community-oriented programming. The Day Care program moved from the Centre to a down-town Brandon location in a new personal care home, Dinsdale House. The Rehabilitation Unit also arranged for the rental of a large home in Brandon. This home operates as a staffed community residence for six in-patients from the hospital to supplement two existing staffed residences.

Considerable progress is being made with regard to the 100 bed unit to be established in Brandon to replace 100 beds at the Centre. This new unit, "Rideau Park Personal Care Home Incorporated", is being developed by an interim Board of Directors with representation for Manitoba Health, the Manitoba Health Services Commission and local citizens. Schematic drawings for this facility have been completed and architectural design development is underway. Construction is scheduled to begin in early 1986.

During 1985/86, the functional plan and the appointment of a Manager of the new Westman Central Laundry was completed. Work on this project is at the architectural programming stage and it is anticipated that renovations can commence in early 1986. Staff from all participating facilities are working on linen standardization and intergrated delivery systems.

Manitoba legislation passed in 1985 requires that selected elderly long-stay patients at provincial Mental Health Centres are charged a per diem rate, comparable to the per diem rate in personal care home. Billing procedures are currently under review and will be assessed and revised as necessary.

During this fiscal year, a major equipment upgrading of the Dietary Department was completed which included the Centre's main dishwasher, steam cookers, hot washer, and other smaller equipment.

In an effort to upgrade security, an electronic surveillance system was installed at the entrances to the main Parkland Building to control access to the building during the evening and night time hours. This equipment allows security staff to patrol the external areas of the complex and also serves to reduce the incidence of vandalism and theft.

There has been a consistent decrease in the resident population of the Centre in recent years. For example, this population declined from 451 at the end of 1984 to 427 by December, 1985. The average length of hospital stay also decreased from 70.8 to 64.8 days during this period. The Centre anticipates further reductions with an increase in community residential options as well as the opening of Rideau Park Personal Care Home.

In 1985, a study by officials from the Manitoba Health Services Commission and Manitoba Health reviewed the size and the organization of staff in all departments of the Centre. A result of this study has been the formation of the Westman Mental Health Management Committee, consisting of representatives from the Centre, the Westman Region, and the Mental Health Directorate. The Committee has recommended major changes to the organization and delivery of mental health services. The report's recommendations serve as a blueprint for future planning.

Plans for the upcoming fiscal year include the development of a specialized psychogeriatric assessment unit, the implementation of a cost containment program, the potential relocation of the outpatient department to a downtown Brandon site, and the initiation of a number of research projects. Patient education programs will continue to be a priority at the Centre, with an emphasis on providing the highest level of patient care.

## Selkirk Mental Health Centre

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman and Winnipeg Regions. The total population of these regions is approximately 800,000. Outpatient services consist of outpatient treatment, consultative and part time patient services to all regions and itinerant treatment services to Interlake, Thompson and Winnipeg Regions. The average daily inpatient population at Selkirk Mental Health Centre continued a downward trend during 1985, due partially to reduced admissions from the Winnipeg Region during renovations to the Reception Unit. With the completion of these renovations, the inpatient population demonstrated an increase in the latter part of the fiscal year.

The Selkirk Mental Health Centre has three active inpatient units. The Selkirk Psychiatric Institute (S.P.I.) services the geographical areas of Norman, Thompson, Eastman and Interlake, including Selkirk District. Each of the areas is served in S.P.I. by a multidisciplinary treatment team consisting of Psychiatry, Psychology, Occupational Therapy, Psychiatric Nursing and Social work staff as well as the other support staff (Chaplaincy, Pharmacy, Clinical Records). Treatment methods in S.P.I include chemo-therapy, psychotherapy, crisis intervention, marriage counselling, occupational therapy and group therapy. Individual and group programs are developed to meet the specific needs of the patiens.

The Reception Unit provides services to patients of the Winnipeg area and also includes referrals from Forensic Services. Admissions from other catchment areas are accepted when a closed ward setting is required. The treatment programs are similar to those provided in S.P.I. Specific group programs within the unit include: recreation, aerobics, current events, healthy living today, effective living, personal effectiveness, community awareness and relaxation.

The Informary Unit provides services to psycho-geriatric patients, long term patients and patients from other units with medical problems. A full range of programs are available (modified reality orientation, social and communication skills, handicrafts, exercises, grooming, cooking classes, music appreciation). Planned outings to provide opportunities to improve patients social skills and maintain contact with the community include trips to parks, historical sites, summer festivals, shopping trips, sporting events and other attractions.

The Centre provides extensive outpatient and outreach support services primarily to former patients through its community based clinic at 189 Evanson Street in Winnipeg. The services provided by Medical, Occupational Therapy, Psychology and Nursing staff include long term psychiatric stabilization as well as collaboration with community mental health service providers to enhance social integration and rehabilitation of patients. The Centre collaborates with Winnipeg Region in the promotion of a variety of other community based activities for former patients. Several church organizations utilize volunteers to carry out the programs with the support of Centre staff.

Alternate care facilities are maintained by the Independent Group Living Programs in Winnipeg and Selkirk. The Centre utilized over thirty homes and apartments made available from provincial and urban housing authorities. The program emphasizes teaching and reinforcing daily life skills such as home management, personal hygiene, cooking, budgeting and use of community resources. Approximately 100 former patients have been accommodated in the program during this fiscal year. Several patients are now managing independently while others have chosen to continue living in group environment.

A working committee composed of representatives from the Mental Health Directorate, Selkirk Mental Health Centre and the Winnipeg Region reviewed a proposal to integrate the Centre's outpatients and outreach services into the Winnipeg Region. The proposal has been approved by the department and the transfer of the program is scheduled to occur in 1986.

Facility upgrading has continued at the Centre through a number of major projects. The fire safety upgrading and other renovations to the Reception Unit were completed in October, 1985. In addition, major improvements to the cafeteria, Occupational Therapy, materials handling and Nursing station areas have been well received by both staff and patients. In the S.P.I. Unit, major fire safety upgrading and renovations to expand and improve the Pharmacy, Occupational Therapy, patient dormatories and Nursing stations are currently underway. The project is scheduled to be completed in 1986. Improvements to the air conditioning and temperature control systems were made to portions of four wards as well as the patient cafeterias in the Infirmary Unit. These same kinds of improvements are to be made to a program and service area of this unit in 1986.

The Occupational Therapy Department has completed a revision of programs in the Infirmary. This involved the development of individual treatment programs for all patients including the utilization of a wider variety of treatment modalities. With the renovations to Reception Unit, Occupational Therapy now has adequate space for its programs. Patient assessments have been improved by implementation of the Valpar battery of tests. In the fall of 1985, the Occupational Therapy Department began utilizing the Workload Measurement System as proposed by Manitoba Health Services Commission.

The Pharmacy recently converted from the ward stock system to the individual patient prescription system for approximately one-third of the inpatient population. With the planned recruitment of a second pharmacist this controlled dosage system will be further expanded. During 1986 the Pharmacy will be implementing the nationally standardized Workload Measurement System.

The School Program offers opportunities for patients to continue academic and social learning experiences as part of a total treatment program. The school offers instruction in adult basic education and provides for curriculum correspondence through Manitoba Education. There is also specialized instruction provided for those with specific learning disabilities and liaison with community-based education facilities.

The Centre's camp at Red Rock Lake in Whiteshell Provincial Park was used very extensively during the summer. All long term patients who were interested and capable had an opportunity to spend some time at camp. The camp is also used to provide summer recreational activities for community mental health clients of the Centre's programs and other agencies. Plans are underway to operate the camp during the 1986 camping season for approximately eight weeks providing camping experience for up to 35 clients per week.

The Dietary Department has developed a Quality Assurance Program including regular audits of ongoing activities. The new self-service cafeteria, completed as part of the Reception Unit renovations, has enabled this Department to improve the quality of patient food service.

The Housekeeping Department has been very active with special cleaning projects arising out of the temporary relocations of staff and patients due to the renovation projects. In addition to the regular and special cleaning, the department continues to emphasize training programs to enhance supervisory skills.

The Community Awareness Program continued in 1985 with Selkirk and district service groups meeting with Centre staff to become more familiar with the services that the Centre offers to the citizens of the area.

Progress continues on the implementation of Quality Assurance programs throughout the Centre. A Quality Assurance Committee has developed a program outline and a centre wide reporting procedures. This Committee provided training sessions in October, 1985 to coordinate the implementation of programs.

In 1985, the School of Psychiatric Nursing participated in the interim review process for approval of Schools of Psychiatric Nursing. The recommendations of the review committee are now under consideration.

As a result of the decision to close the School of Psychiatric Nursing at the Manitoba Developmental Centre, the School of Psychiatric Nursing will be receiving two additional faculty positions in order to enrich the mental retardation section of the program. Efforts are being undertaken to increase enrollment of students.

Planning is being undertaken for the construction of a 100 bed personal care home type facility at Selkirk to accommodate psycho-geriatric patients. The unit will initially restrict admission to patients from the Selkirk Mental Health Centre as a means of reducing the overcrowding in the Centre's Infirmary Unit.

In 1985 a functional program for the unit was developed by Selkirk Mental Health Centre and approved by the Manitoba Health Services Commission. In addition, a site for the unit was selected on the southeast corner of the Centre, at the corner of General Hospital Drive and Manitoba Avenue. An Interim Board has been appointed and the unit has been incorporated as the "Thomas Prince Special Care Unit". The architectural design phase of the unit has commenced and it is anticipated that the unit will be completed during 1988/89.

During 1985, a major review of Selkirk Mental Health Centre's Long Range Plan was initiated. This review Process has identified the need to review the Centre's system of delivery of patient care services. The basic proposals are to provide and admission ward for the assessment and treatment of short term patients and to convert the remaining patient program areas into a variety of specialized programs to meet specific needs of the large long term care patient population. It is anticipated that the actual re-organization of patient delivery will be implemented during 1986/87. Long Range Planning activity will deal with the implications of the relocation of 100 patients to the new unit and other needs of the mental health system.

As a follow-up to the Leon Mitchell Report, Joint Policy Review Committee was established at the Centre to resolve labour/management issues. The Committee includes:

- Dr. Hugh Andrew, (Chairman)
  Chief Executive Officer,
  Selkirk Mental Health Centre;

- Mr. Brian Surridge,
  Hospital Administrator,
  Selkirk Mental Health Centre;
- Mr. Gerry Pronyk,
  Senior Nursing Administrator Officer,
  Selkirk Mental Health Centre;
- Mr. Ralph Smith,
  Director of Personnel,
  Selkirk Mental Health Centre;
- Mr. Art Brandon, (Union Steward)
  Registered Psychiatric Nurse,
  Selkirk Mental Health Centre;
- Mr. Lorne Morrisseau, (Union Steward)
  Trades Representative,
  Government Services; and
- Mr. Pat Joyce,
  M.G.E.A. Employee,
  Selkirk Mental Health Centre.

This policy review group meets approximately ten times per year and focuses on issues related to: general labour relations; problem-solving processes; administrative reviews and personnel matters, staff training; and other labour/management issues.

The Manitoba Government Employees Association and Centre Staff are of the opinion that this committee process is the best method of ensuring positive labour/management relations and that progress has already been demonstrated.

Selkirk Mental Health Centre will be celebrating its centennial in 1986. Preparations are underway to appropriately commemorate this milestone through a series of events that will recognize contributions of past and present staff and students, inform the general public and others in the health care community of the Centre's present activities and to explore future mental health needs.

## Provincial Gerontologist

In 1985, the Provincial Gerontologist provided gerontological advice, consultation and information related to policy and programs to senior departmental and governmental staff, to community organizations, educators and the general public.

The Provincial Gerontologist is able to call upon liaison officers appointed by each provincial department and appropriate commissions and crown corporation to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS) (chaired by the provincial gerontologist and with representation from the provincial departments of Health, including the Manitoba Health Services Commission, the departments of Housing and Community Services as well as the Canada Mortgage and Housing Corporation) was formed as a result of concerns for the supported independence needs of our older population. IACSSS has been established as the source to provide funding to encourage initiatives of this kind at the community level. The agent or service provider applying for project funding may be an existing board or agency, a newly established group or a federation of existing agencies and philanthropic community groups. Flexibility in policy for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing support services. Funds have been approved to phase in projects over a three year period.

During 1985, Community Resource Councils were established in nine communities to coordinate existing services and develop new services. Twenty-one Meals programs provide a combination of congregate meals, heat-and-serve meals, take-out meals and escorts to meals. Five Elderly Person Housing projects have hired Tenant Resource Coordinators to coordinate the delivery of services within the units and to work with the tenants in establishing new services.

The Manitoba Council on Aging, composed of 15 members, reports to government through the Provincial Gerontologist. The Council ensures that public participation is reflected in the gerontologist's function.

At the request of the Manitoba Council on Aging, the Minister of Health called the Fourth Manitoba Conference on Aging held May 21-24, 1985 which was attended by 600 persons representing governmental, non-governmental and senior citizens sectors. The planning committee for the conference is currently compiling the 174 recommendations put forward from the Conference Workshops in order to direct the recommendations put forward from the Conference Workshops in order to direct the recommendations to the appropriate government bodies, agencies, organizations and groups for consideration, action and support.

## Research and Planning Directorate

The Research and Planning Directorate was established in 1982 to consolidate research and planning for Manitoba Health and the Manitoba Health Services Commission. The Directorate coordinates the planning of insured medical and institutional services funded through the Manitoba Health Services Commission with public health, and other regional services provided by Manitoba Health.

The Health Services Review Committee (HSRC), formed to provide the Minister of Health with information regarding a variety of health topics, continued its comprehensive review during 1985/86.

The specific terms of reference of this committee are:

— to identify major cost areas and explore consolidation;

— to investigate alternatives to in-patient services;

— to review current bed allocation and utilization; and,

— to review criteria of hospital admissions in both urban and rural hospitals.

The structure of the HSRC was based on representation from a variety of health care interests and included fifteen acknowledged experts from The College of Physicians and Surgeons of Manitoba, Manitoba Association of Registered Nurses, Manitoba Health Services Commission, Manitoba Health, Manitoba Medical Association (rural and urban), Rural Hospitals, Faculty of Medicine (University of Manitoba), Urban Non-teaching Hospitals and Urban Teaching Hospitals.

As its method of review, the HSRC formed fifteen subcommittees to undertake specific investigations of behalf of the committee. The sub-committee reviewed the following areas:

1. Administrative Impacts;
2. Cardiovascular;
3. Community Health;
4. Critical Care;
5. Emergency Health Care;
6. The Elderly;
7. Gastrointestinal;
8. Indian Health Services;
9. Not-For Admission Surgery;
10. Obstetrics;
11. Oncology;
12. Out-patient Medical Services;
13. Pediatrics;
14. Respiratory; and
15. Terminal Illness.

The Minister of Health has requested that the HSRC report be made available for public response by June 30, 1986.

In conjunction with the two teaching hospitals and the Manitoba Health Services Commission, the Research and Planning Directorate is defining the Intensive Care Unit Service population. This information will provide input into the intensive care nursing manpower analysis which is being undertaken by the two teaching hospitals.

The Medical Manpower Working Group with representatives from the Manitoba Medical Association, the College of Physicians and Surgeons of Manitoba, the Faculty of Medicine, University of Manitoba and the Research and Planning Directorate has completed an analysis of physician manpower data. Projections of the province's future physician manpower requirements were based on factors which include medical school enrollment and physician migration.

In October, 1985, the Research and Planning Directorate completed a review report on the Mental Health Management Information System. The terms of reference for this committee were to examine appropriate means for establishing a comprehensive, automated information system for all types of mental health services. The Committees' recommendations are currently under consideration by Management Committee.

In the area of federal-provincial relations, the Directorate reviews and assigns provincial priority ratings to Manitoba submissions to the National Health Research Development Program. A Directorate is represented on the Scientific Review Committee and the Committee Reviewing Provincial Priorities. As well as manpower-related committee meetings at the interprovincial and federal provincial levels (the Federal-Provincial Advisory Committee on Health Human Resources, the Working Group on the National Physician Database).

The Directorate provides consultation on the development of federal dental hygiene standards and on nursing standards to the World Health Organization. The final report of a federally-funded research project to evaluate the quality of nursing care in Manitoba, cosponsored by the Directorate and the Manitoba Association of Registered Nurses, has been completed.

The Directorate served as secretary to the Manitoba Nursing Review Committee, established by the Health Minister in January, 1984, to examine the utilization, preparation and supply of a number of categories of nursing personnel. The report from this Committee was submitted to the Minister of Health in April, 1985.

An assessment of sociodemographic and nursing acuity of all medical and psychiatric patients in the nine urban hospitals was conducted in November and December, 1985, This data will be compared to previous data obtained in 1984. Other Directorate activities completed or in progress include:

— Development of an evaluation protocol for the Seven Oaks Psychogeriatric Program.

— Data collection for the evaluation of the Community-Based Management of Pregnancy-Induced Hypertension Program.

— Review of the Manitoba Pharmacare Program to identify the major factors responsible for cost increases.

— Development of a day hospital database for the evaluation of provincial day hospital activities.

— Residents from the University of Manitoba, Faculty of Medicine's Community Medicine program have completed a rotation through the Directorate for two-month periods.

— University of Victoria Health Information Science students have recently completed their practicum work through the Directorate.

— Consultation to a study designed to assess the difference in treatment and outcome of elderly patients admitted through emergency departments and randomly assigned to receive treatment in the Geriatric Units or in Internal Medicine at St. Boniface General Hospital and Health Sciences Centre.

— Preparation of the final report on the evaluation of the Maternity Early Discharge Program.

— Coordination of a utilization review for an urban hospital.

— Development of an interdepartmental submission to Social Resources Committee of Cabinet on residential care funding for the Province.

— Membership on the Manitoba Health Research Council.

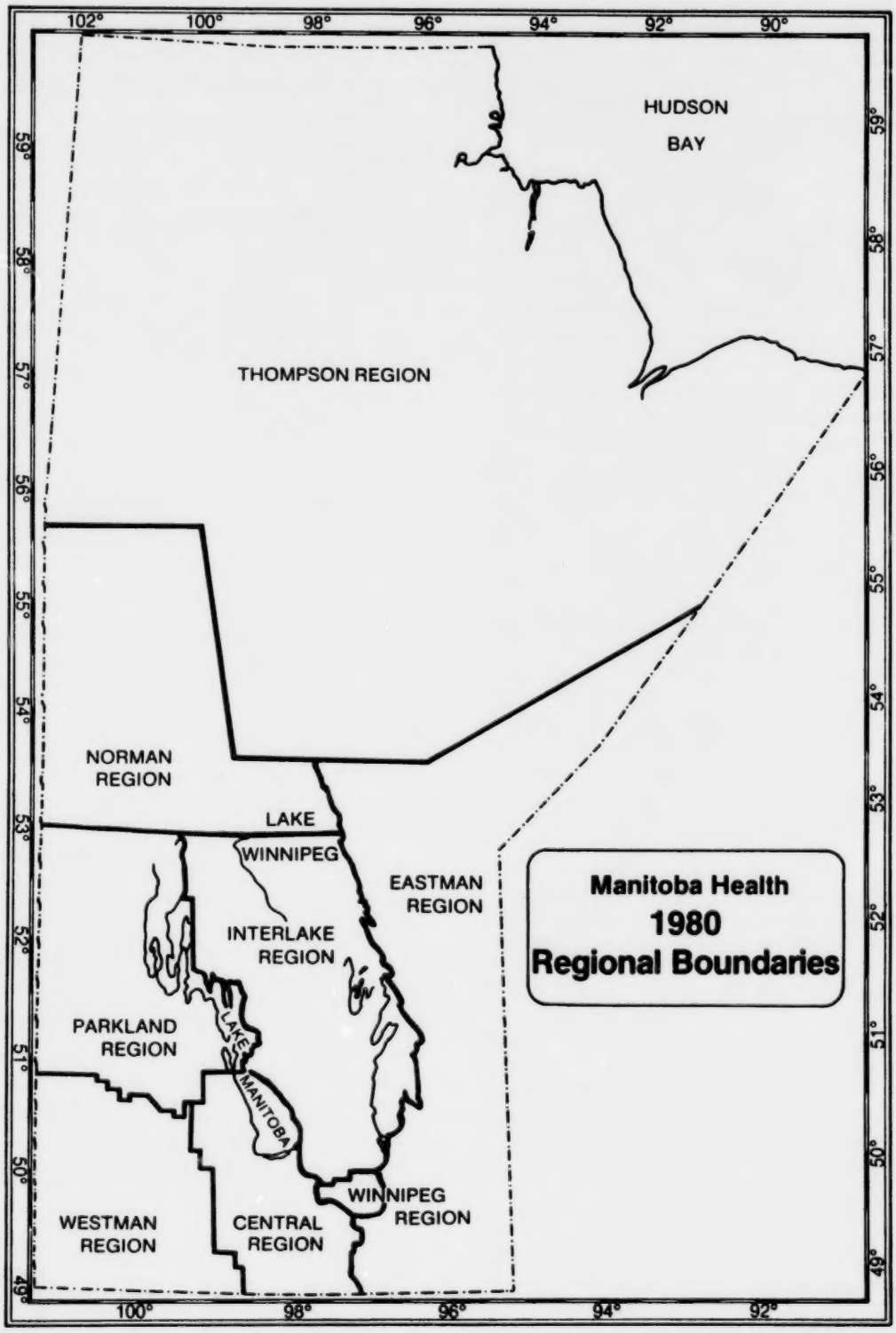
— Participation in an interprovincial study on the needs of organ transplantation.

— A member of the Directorate has been appointed as the Minister's representative on the Advisory Council of the Manitoba Nursing Research Institute.

— A member of the Directorate reviews grants for the St. Boniface General Hospital Research Foundation.

— Published articles in two journals.

— Review of relevant literature in key health care areas.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REGION
Manitoba Health
1980
Regional Boundaries

Table 1

## Population of Manitoba by Health Region; by Age Group and Sex — June 1, 1985

| HEALTH REGION | SEX | 0-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CENTRAL | M | 4,313 | 4,055 | 4,056 | 4,263 | 4,233 | 3,951 | 3,451 | 2,996 | 2,451 | 2,091 | 1,930 | 2,047 | 1,957 | 1,864 | 3,860 | 47,518 |
| | F | 4,011 | 3,880 | 3,948 | 4,011 | 3,986 | 3,636 | 3,195 | 2,850 | 2,338 | 2,057 | 1,971 | 2,133 | 2,275 | 1,934 | 4,818 | 46,953 |
| | T | 8,324 | 7,935 | 8,004 | 8,274 | 8,129 | 7,587 | 6,646 | 5,846 | 4,789 | 4,148 | 3,901 | 4,180 | 4,232 | 3,798 | 8,678 | 94,471 |
| EASTMAN | M | 4,314 | 4,255 | 4,186 | 4,205 | 4,002 | 3,653 | 3,305 | 3,022 | 2,472 | 1,972 | 1,785 | 1,751 | 1,602 | 1,395 | 2,587 | 44,506 |
| | F | 3,980 | 4,111 | 4,008 | 3,980 | 3,523 | 3,359 | 3,391 | 2,835 | 2,287 | 1,853 | 1,653 | 1,584 | 1,618 | 1,305 | 2,763 | 42,250 |
| | T | 8,294 | 8,366 | 8,194 | 8,185 | 7,525 | 7,012 | 6,696 | 5,857 | 4,759 | 3,825 | 3,438 | 3,335 | 3,220 | 2,700 | 5,350 | 86,756 |
| INTERLAKE | M | 2,780 | 2,819 | 3,284 | 3,245 | 3,176 | 2,741 | 2,693 | 2,555 | 2,168 | 1,757 | 1,756 | 1,586 | 1,606 | 1,473 | 2,616 | 36,255 |
| | F | 2,621 | 2,688 | 3,071 | 3,064 | 2,760 | 2,617 | 2,615 | 2,456 | 1,979 | 1,704 | 1,603 | 1,602 | 1,624 | 1,452 | 2,870 | 34,726 |
| | T | 5,401 | 5,507 | 6,355 | 6,309 | 5,936 | 5,358 | 5,308 | 5,011 | 4,147 | 3,461 | 3,359 | 3,188 | 3,230 | 2,925 | 5,486 | 70,981 |
| NORMAN | M | 1,287 | 1,219 | 1,314 | 1,123 | 1,318 | 1,365 | 1,137 | 1,003 | 679 | 577 | 509 | 490 | 407 | 292 | 570 | 13,290 |
| | F | 1,209 | 1,218 | 1,244 | 1,159 | 1,261 | 1,217 | 1,032 | 849 | 636 | 528 | 423 | 455 | 366 | 322 | 638 | 12,557 |
| | T | 2,496 | 2,437 | 2,558 | 2,282 | 2,579 | 2,582 | 2,169 | 1,852 | 1,315 | 1,105 | 932 | 945 | 773 | 614 | 1,208 | 25,847 |
| PARKLAND | M | 1,990 | 2,043 | 2,138 | 2,194 | 2,097 | 1,725 | 1,722 | 1,558 | 1,324 | 1,192 | 1,157 | 1,343 | 1,384 | 1,278 | 2,672 | 25,817 |
| | F | 1,796 | 1,982 | 1,967 | 2,087 | 1,773 | 1,651 | 1,583 | 1,448 | 1,242 | 1,050 | 1,187 | 1,285 | 1,371 | 1,283 | 3,100 | 24,805 |
| | T | 3,786 | 4,025 | 4,105 | 4,281 | 3,870 | 3,376 | 3,305 | 3,006 | 2,566 | 2,242 | 2,344 | 2,628 | 2,755 | 2,561 | 5,772 | 50,622 |
| THOMPSON | M | 2,614 | 2,486 | 2,470 | 2,305 | 2,120 | 1989 | 1,671 | 1,496 | 1,102 | 909 | 662 | 484 | 331 | 203 | 340 | 21,182 |
| | F | 2,479 | 2,271 | 2,343 | 2,138 | 2,150 | 1,938 | 1,644 | 1,286 | 923 | 716 | 497 | 375 | 282 | 185 | 296 | 19,523 |
| | T | 5,093 | 4,757 | 4,813 | 4,443 | 4,270 | 3,927 | 3,315 | 2,782 | 2,025 | 1,625 | 1,159 | 859 | 613 | 388 | 636 | 40,705 |
| WESTMAN | M | 4,635 | 4,557 | 4,655 | 4,737 | 5,321 | 5,107 | 4,469 | 3,903 | 3,000 | 2,736 | 2,712 | 3,122 | 2,929 | 2,779 | 5,951 | 60,613 |
| | F | 4,438 | 4,203 | 4,407 | 4,523 | 5,158 | 4,754 | 4,311 | 3,760 | 3,063 | 2,796 | 2,765 | 2,987 | 3,422 | 3,013 | 7,566 | 61,166 |
| | T | 9,073 | 8,760 | 9,062 | 9,260 | 10,479 | 9,861 | 8,780 | 7,663 | 6,063 | 5,532 | 5,477 | 6,109 | 6,351 | 5,792 | 13,517 | 121,779 |
| WINNIPEG | M | 21,475 | 20,520 | 21,399 | 22,749 | 30,337 | 30,083 | 26,823 | 23,478 | 17,605 | 14,497 | 14,488 | 13,682 | 13,191 | 10,431 | 18,882 | 299,840 |
| | F | 20,343 | 19,458 | 20,395 | 22,524 | 31,323 | 30,311 | 27,354 | 23,873 | 17,655 | 14,831 | 14,636 | 15,376 | 15,952 | 13,224 | 30,704 | 317,959 |
| | T | 41,818 | 39,978 | 41,794 | 45,273 | 61,660 | 60,394 | 54,177 | 47,351 | 35,260 | 29,328 | 29,124 | 29,058 | 29,143 | 23,655 | 49,586 | 617,599 |
| TOTAL MANITOBA | M | 43,408 | 41,954 | 43,502 | 44,821 | 52,604 | 50,614 | 45,271 | 40,011 | 30,801 | 25,731 | 24,999 | 24,505 | 23,407 | 19,715 | 37,478 | 548,821 |
| | F | 40,877 | 39,811 | 41,383 | 43,486 | 51,844 | 49,483 | 45,125 | 39,357 | 30,123 | 25,535 | 24,735 | 25,797 | 26,910 | 22,718 | 52,755 | 559,939 |
| | T | 84,285 | 81,765 | 84,885 | 88,307 | 104,448 | 100,097 | 90,396 | 79,368 | 60,924 | 51,266 | 49,734 | 50,302 | 50,317 | 42,433 | 90,233 | 1,108,760 |
| | | | | | | | | | | | | | | | | | |
| INDIAN BANDS | M | 3,935 | 3,347 | 3,264 | 3,165 | 2,789 | 2,082 | 1,499 | 1,236 | 995 | 770 | 644 | 510 | 403 | 328 | 585 | 25,552 |
| | F | 3,662 | 3,152 | 3,182 | 3,126 | 2,859 | 2,062 | 1,525 | 1,156 | 858 | 685 | 552 | 454 | 351 | 289 | 548 | 24,441 |
| | T | 7,597 | 6,499 | 6,446 | 6,291 | 5,648 | 4,144 | 3,024 | 2,392 | 1,853 | 1,455 | 1,196 | 964 | 754 | 597 | 1,133 | 49,993 |

Table 1

## Mental Health Centres: Admissions and Separations by Institution —

1983 to 1985/86

| Institution | Admissions | | | Separations[1] | | | In-Patients at Dec. 31 and March 31, 1985/86 | | | Total Under Treatment[2] | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1983 | 1984 | 1985/86 | 1983 | 1984 | 1985/86 | 1983 | 1984 | 1985/86 | 1983 | 1984 | 1985/86 |
| Brandon Mental Health Centre | 484 | 382 | 379 | 511 | 416 | 433 | 492 | 451 | 415 | 1,008 | 879 | 860 |
| Selkirk Mental Health Centre | 167 | 145 | 189 | 200 | 155 | 223 | 350 | 345 | 321 | 574 | 519 | 550 |
| Total | 651 | 527 | 568 | 711 | 571 | 656 | 842 | 796 | 736 | 1,582 | 1,398 | 1,410 |

[1] *Excludes probations.*

[2] *Population on register (Resident population plus population on probation) at the beginning of the year plus admissions.*

Table 2

## Mental Health Centres: Average Daily Patient Population by Institution —

1981 to 1985/86

| Institution | 1981 | 1982 | 1983 | 1984 | 1985/86 |
|---|---|---|---|---|---|
| Brandon Mental Health Centre | 551.1 | 535.1 | 506.0 | 458.1 | 436.8 |
| Selkirk Mental Health Centre | 371.4 | 370.7 | 360.7 | 345.4 | 323.7 |

Table 3

## Mental Health Centres: Average Length of Stay for Discharges by Institution —

1981 to 1985/86

| Institution | | | Average Length of Stay | | | | |
|---|---|---|---|---|---|---|---|
| | | | 1981 | 1982 | 1983 | 1984 | 1985/86 |
| Brandon Mental Health Centre | Patient in Hospital 1 Year or More | Years | 14.0 | 12.7 | 11.4 | 15.2 | 13.3 |
| | Patient in Hospital Less than 365 Days | Days | 74.1 | 71.5 | 70.1 | 70.8 | 64.8 |
| Selkirk Mental Health Centre | Patient in Hospital 1 Year or More | Years | 7.0 | 6.7 | 6.5 | 16.1 | 6.7 |
| | Patient in Hospital Less than 365 Days | Days | 80.9 | 92.9 | 93.7 | 83.0 | 74.1 |

Table 4

## Mental Health Centres: Out-Patient Caseload Movement [1] —

1985/86

| Institution | Active Cases[2] at Beginning of Year | Registrations During Year | Terminations During Year | Active Cases at End of Year |
|---|---|---|---|---|
| Brandon Mental Health Centre | 826 | 767 | 957 | 636 |
| Selkirk Mental Health Centre | 1,156 | 535 | 353 | 1,338 |
| Total | 1,982 | 1,302 | 1,310 | 1,974 |

[1] *Caseload movement includes those cases who are receiving treatment by medical, psychological and/or social services staffs.*

[2] *Criteria for active cases are those receiving service during the previous twelve months for Selkirk Mental Health Centre and the previous ninety days for Brandon Mental Health Centre.*

Table 5

## Mental Health Centres: Out-Patient and Out-Patient Contacts —

1985/86

| Institution | Former In-Patients | Not Former In-Patients | Total Out-Patients | Total Contacts |
|---|---|---|---|---|
| Brandon Mental Health Centre | 646 | 1,001 | 1,647 | 7,332 |
| Selkirk Mental Health Centre | 1,011 | 390 | 1,401 | 41,004[1] |
| Total | 1,657 | 1,391 | 3,048 | 48,336 |

[1] *The significant change from previous year is due to an extensive review of out-patient data gathering system.*

Table 1

## Community Mental Health: Caseload Movement by Region — 1985/86

| | Central | Eastman | Interlake | Norman | Parkland | Thompson | Westman | Winnipeg | Total |
|---|---|---|---|---|---|---|---|---|---|
| Beginning of Year | 191 | 419 | 220 | 216 | 287 | 154 | 505 | 1,484 | 3,476 |
| Cases Opened | 451 | 326 | 257 | 297 | 325 | 530 | 232 | 960 | 3,378 |
| Total Cases | 642 | 745 | 477 | 513 | 612 | 684 | 737 | 2,444 | 6,854 |
| Cases Closed | 433 | 336 | 247 | 311 | 397 | 467 | 195 | 853 | 3,239 |
| End of Year | 209 | 409 | 230 | 202 | 215 | 217 | 542 | 1,591 | 3,615 |

Table 1

## Adult Forensic Services: Number of Patients Seen —

1984 and 1985

| Health Sciences Centre[1] | 1984 | 1985 |
|---|---|---|
| Patients Admitted | 137 | 115 |
| Out-Patients seen for Psychiatric Assessment | 106 | 64 |
| Patients seen on a follow-up basis | 573 | 642 |

*[1] In addition 774 and 951 residents, of Headingly Correctional Institution were seen by a Psychiatrist at the institution in 1984 and 1985 respectively.*

Table 2

## Children's Forensic Services: Number of Referrals by Category —

1984 and 1985

| Probation Referrals | Number of Cases | |
|---|---|---|
| | 1984 | 1985 |
| Psychiatric | 60 | 55 |
| Psychological | 50 | 55 |
| Psychiatric/Psychological | 19 | 18 |
| Consultative Conferences | 3 | — |
| Total | 132 | 128 |
| **Other Referrals** | **Number of Sessions 1985** | |
| | **Initial** | **Follow-up** |
| Manitoba Youth Centre | 34 | 12 |
| Doncaster Centre for Youth | 3 | 12 |
| Agassiz Centre for Youth | 3 | 14 |
| Open Custody | 11 | 42 |
| Regular | — | 58 |
| No Custody | 1 | 2 |
| Total | 52 | 140 |

Table 1

## Winnipeg Child Guidance Clinic: Number of Children Seen —

School Year 1980/81 to 1984/85

| | 1980/81 | 1981/82 | 1982/83 | 1983/84 | 1984/85 |
|---|---|---|---|---|---|
| Beginning of School Year | 261 | 328 | 289 | 343 | 328 |
| Cases Opened | 283 | 256 | 262 | 256 | 277 |
| Total Cases | 544 | 584 | 551 | 599 | 605 |
| Cases Closed | 220 | 273 | 222 | 272 | 275 |
| End of School Year | 324 | 311 | 329 | 327 | 330 |

Table 2

## Community Psychiatric Services for Children Rural Area [1]: Number of Children Seen —

1981 to 1985/86

| | 1981 | 1982 | 1983 | 1984 | 1985/86 |
|---|---|---|---|---|---|
| Total Cases | 695 | 745 | 1,313 | 1,017 | 1,068 |

[1] *Includes Brandon*

Table 1

## Public Health Nursing: Reported Caseload Movement by Category —

1985/86

| | Category | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Maternal | Child Care | School | Adult | Elderly | Communicable Diseases | Mental Health | Total |
| Beginning of Year | 270 | 4,649 | 223 | 686 | 586 | 141 | 10 | 6,565[1] |
| Cases Opened | 404 | 4,191 | 143 | 471 | 304 | 135 | — | 5,648 |
| Total Cases | 674 | 8,840 | 366 | 1,157 | 890 | 276 | 10 | 12,213 |
| Cases Closed | 433 | 3,945 | 162 | 426 | 293 | 152 | 10 | 5,421 |
| End of Year | 241 | 4,895 | 204 | 731 | 597 | 124 | — | 6,792 |

[1] *Revised*

Table 1

## Communicable Diseases: Reported Cases in Manitoba —

1984 and 1985



| Disease | Number of Cases | |
|---|---|---|
| | 1984 | 1985 |
| **Intestinal Infectious Diseases:** | | |
| Typhoid Fever (002.0) | 5 | 1 |
| Paratyphoid Fever (002.9) | 2 | 1 |
| Salmonellosis (003) | 234 | 148 |
| Shigellosis (004) | 688 | 203 |
| Food Poisoning (Bacterial) | | |
| Staphylococcal (005.0) | 4 | — |
| Clostridium Perfringens (005.2) | — | — |
| Other Clostridia (005.3) | — | — |
| Vibrio Parahaemolyticus (005.4) | — | — |
| Bucillus Cereus (005.8) | — | — |
| Unspecified (005.9) | 13 | 12 |
| E. Coli Enteritis (008.0) | — | — |
| **Tuberculosis:** | | |
| Primary (010) | 33 | 20 |
| Respiratory (011-012) | 117 | 99 |
| Non-respiratory (013-018) | 33 | 25 |
| **Venereal Diseases:** | | |
| Gonococcal Infections (098) | 3,350 | 3,186 |
| Primary and Secondary Syphilis | 58 | 49 |
| Suphilis (Other) | 64 | 54 |
| Chancroid (099) | — | 1 |
| **Diseases of Central Nervous System:** | | |
| **Meningitis** | | |
| **Bacterial** | | |
| Haemophilus | 17 | 17 |
| Pneumonococcal (320.1) | 6 | 11 |
| Other (320.9) | 8 | 2 |
| **Viral** | | |
| **Aseptic Meningitis Due to:** | | |
| Coxsackie (047.0) | 3 | — |
| Echo Virus (047.1) | — | 1 |
| Other Viral (047.9) | 55 | 48 |
| **Encephalitis** | | |
| Western Equine Encephalitis (062.1) | — | — |
| Encephalitis Unspecified (062.9) | — | — |
| **Other Bacterial Diseases:** | | |
| Diptheria Cases (032) | 3 | 1 |
| Diptheria Carriers (V02.4) | 26 | 63 |
| Meningococcal Infections (036) | 19 | 16 |
| Pertussis (033) | 35 | 46 |
| Brucellosis (023) | 1 | — |
| **Other Viral Diseases:** | | |
| Hepatitis A (070.0) | 821 | 528 |
| Hepatitis B (070.2) | 160 | 120 |
| Measles (055) | — | 72 |
| Rubella (056) | 34 | 20 |
| Congenital Rubella (771.0) | — | — |
| Mumps (072) | 4 | 13 |
| **Rare Diseases:** | | |
| Ameobiasis (006) | 19 | 22 |
| Leprosy (030) | 3 | 1 |
| Malaria (084) | 12 | 11 |
| Psittacosis (073) | — | 1 |
| Legionnaires Disease (482.8) | 6 | 8 |
| Blastomycosis (116.0) | 1 | 4 |
| Tetanus (037) | — | 2 |
| Hepatitis Non A — Non B (070.5) | 3 | 5 |

Figure 1
**Reported Salmonellosis Cases (003)**
**Winnipeg and Rural Area —**
1973 to 1985/86

**Part 3**
**Section 2**
**Figure 1**

Winnipeg ———————
Rural - - - - - - - - - - - - - - - - - -

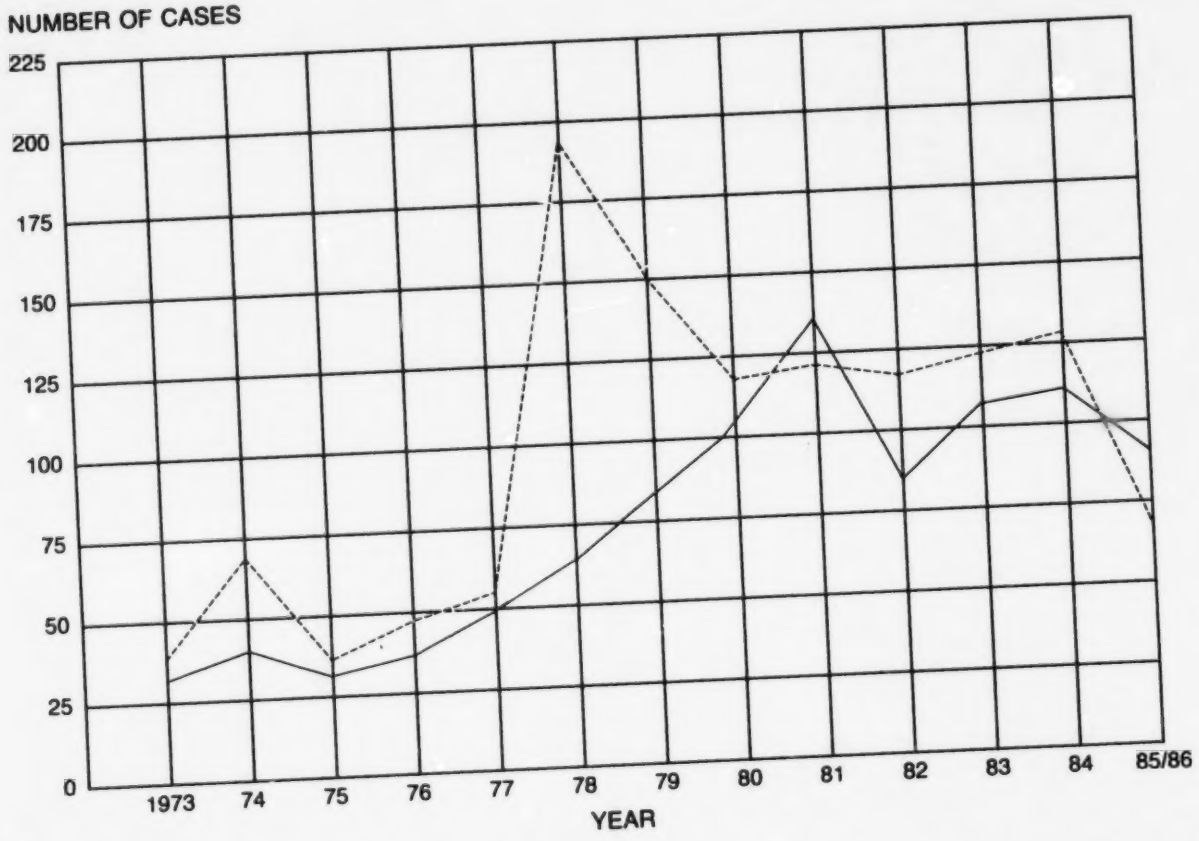

**Figure 2**
**Reported Rubella Cases (056)**
**Winnipeg and Rural Area —**
1973 to 1985/86

Winnipeg ———————
Rural - - - - - - - - - - - - - - - - - -

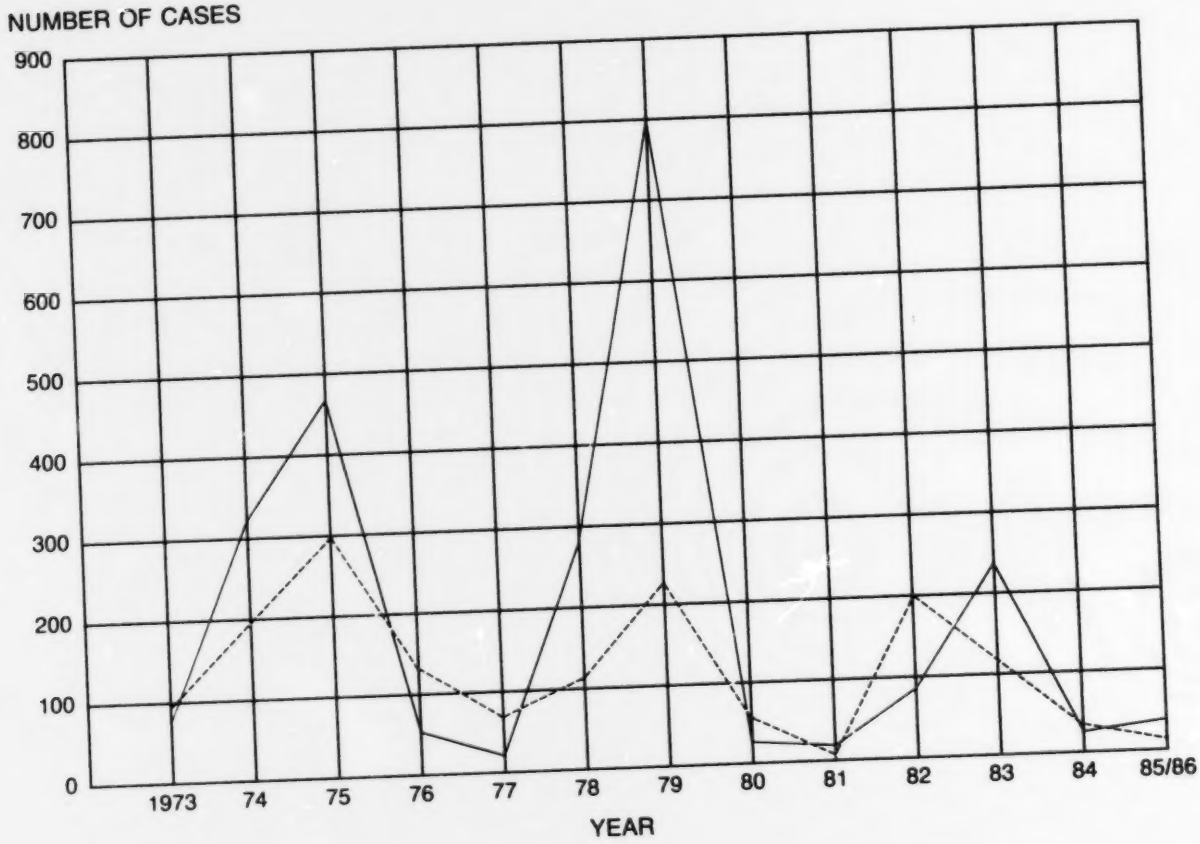

**Figure 3**

## Reported Hepatitis A Cases (070.0) Winnipeg and Rural Area —

1973 to 1985/86

**Part 3**
**Section 2**
**Figure 3**

Winnipeg _____
Rural - - - - - -

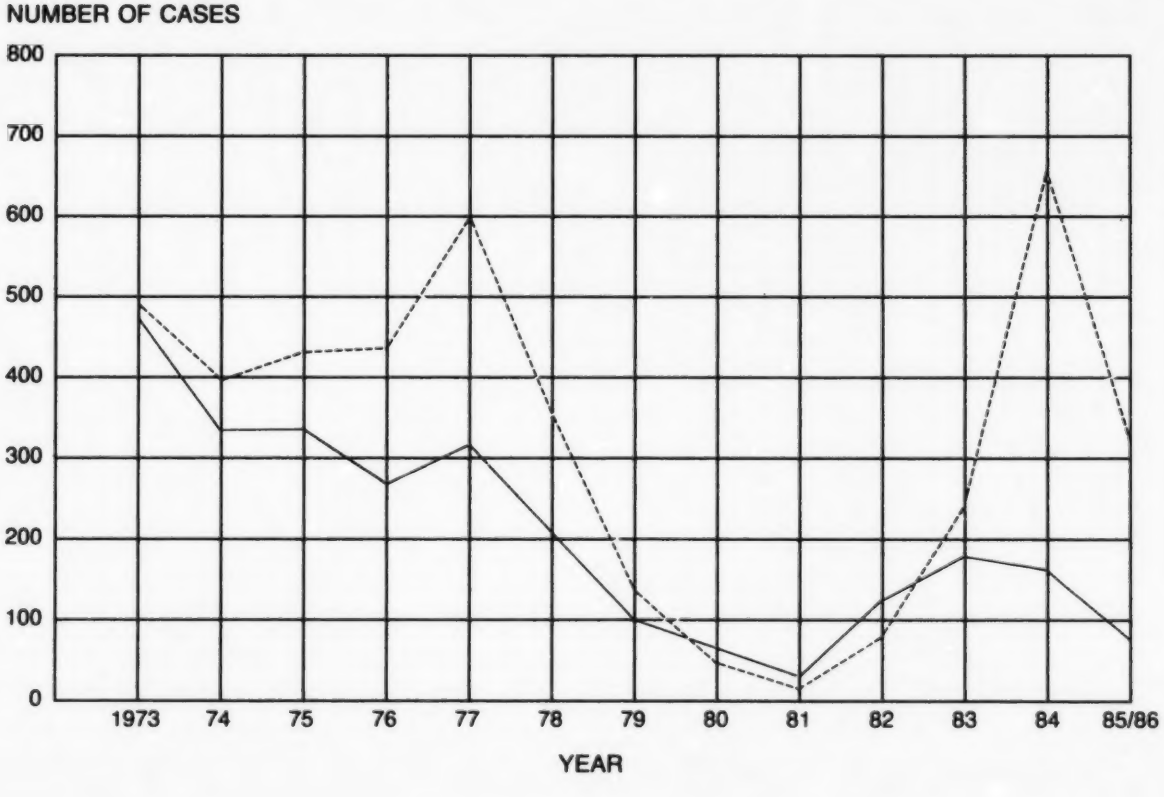

Figure 4

## Reported Gonococcal Infections (098) Rate Per 10,000 Population —

1960 to 1985/86



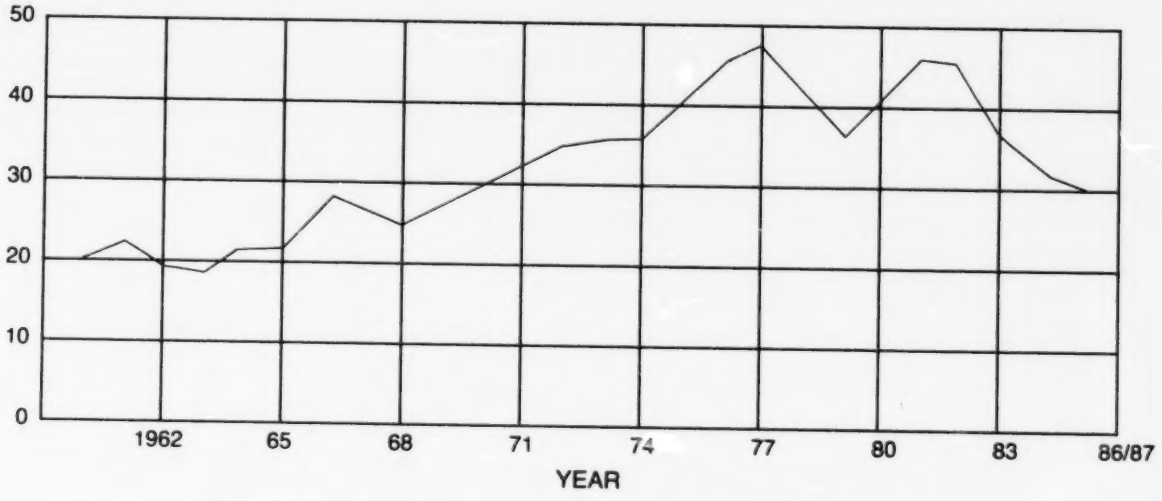

Table 2

## Reported Infectious Syphilis and Gonorrhoea (Laboratory Confirmed) in Manitoba —

1976 to 1985

| Year | Infectious Syphilis[1] | | Gonorrhoea | |
|---|---|---|---|---|
| | Number | Rate per 100,000 Manitobans | Number | Rate per 100,000 Manitobans |
| 1976 | 17 | 1.6 | 4,782 | 446 |
| 1977 | 20 | 1.8 | 4,803 | 443 |
| 1978 | 42 | 3.8 | 4,214 | 385 |
| 1979 | 12 | 1.1 | 3,621 | 330 |
| 1980 | 9 | 0.9[2] | 4,084 | 397[2] |
| 1981 | 19 | 1.8 | 4,671 | 433 |
| 1982 | 11 | 1.0 | 4,608 | 424 |
| 1983 | 23 | 2.1 | 3,761 | 345 |
| 1984 | 58 | 5.3 | 3,350 | 305 |
| 1985 | 49 | 4.4 | 3,186 | 287 |

[1] *Infectious Syphilis, with reported primary and secondary lesions.*

[2] *M.H.S.C. population estimates for 1980 are not available. Statistics Canada population estimates have been used for 1980 rates.*

Table 3

## Reported Cases of Syphilis and Gonorrhoea by Age Group and Sex —

1985

| Age Group | Gonorrhoeas | | | | Syphilis | | | |
|---|---|---|---|---|---|---|---|---|
| | Male | Female | Total | % of Total | Male | Female | Total | % of Total |
| 0-19 | 282 | 516 | 798 | 25.05 | 3 | 40 | 13 | 12.75 |
| 20-24 | 657 | 479 | 1,136 | 35.66 | 9 | 4 | 13 | 12.75 |
| 25-29 | 395 | 227 | 622 | 19.52 | 11 | 6 | 17 | 16.67 |
| 30-39 | 319 | 114 | 433 | 13.59 | 13 | 11 | 24 | 23.52 |
| 40-49 | 92 | 28 | 120 | 3.77 | 9 | — | 9 | 8.82 |
| 50-59 | 57 | 8 | 65 | 2.04 | 11 | 2 | 13 | 12.75 |
| 60 + | 11 | 1 | 12 | .37 | 5 | 7 | 12 | 11.76 |
| Unknown | — | — | — | — | 1 | — | 1 | .98 |
| Total | 1,813 | 1,373 | 3,186 | 100.00 | 62 | 40 | 102 | 100.0 |

Table 4
## Active Tuberculosis Cases By Type —
1985

| Type of Disease | White | Treaty Indian | Other | Total |
|---|---|---|---|---|
| | | **New Active Cases** | | |
| Primary | 7(3) | 10(1) | 3(2) | 20(6) |
| Pulmonary | 30(26) | 22(22) | 24(19) | 76(67) |
| Other Respiratory | 6(4) | 2(1) | 2(2) | 10(7) |
| Non-Respiratory | 4(2) | 5(4) | 16(11) | 25(17) |
| Total | 47(35) | 39(28) | 45(34) | 131(97) |
| | | **Re-Activated Cases** | | |
| Pulmonary | 5(4) | 5(3) | 2(1) | 12(8) |
| Other Respiratory | 1(—) | —(—) | —(—) | 1(—) |
| Non-Respiratory | —(—) | —(—) | —(—) | —(—) |
| Total | 6(4) | 5(3) | 2(1) | 13(8) |
| Grand Total (1985) | 53(39) | 44(31) | 47(35) | 144(105) |
| Grand Total (1984) | 114(86) | 60(47) | 9(7) | 183(140) |

*NOTE: Figures in parentheses refer to bacillary cases.*

Table 5
## Drug Dispensing Program: Number of Patients Active and Registered —
1982 to 1985/86

| Purpose of Drug | Number of Patients on Active List at Year End | | | | Number of New Patients Registered During Year | | | |
|---|---|---|---|---|---|---|---|---|
| | 1982 | 1983 | 1984 | 85/86 | 1982 | 1983 | 1984 | 85/86 |
| Rheumatic Heart Disease Prevention | 779 | 706 | 673 | 668 | 6 | 30 | 34 | 34 |
| Diabetes Treatment | 409 | 418 | 487 | 487 | 14 | 32 | 37 | 67 |
| Life Saving | 450 | 490 | 586 | 774 | 46 | 71 | 126 | 171 |

Table 6

## Food Protection Program: Activities —

1983 to 1985/86

| Activities | 1983 | 1984 | 1985/86 |
|---|---|---|---|
| **Food Industry Seminars** | | | |
| Number of Seminars Conducted | 12 | 8 | 17 |
| Number Persons Attending | 585 | 522 | 821 |
| **Regulatory Agency Seminars** | | | |
| Number of Seminars Conducted | 9 | 10 | 2 |
| Number of Persons Attending | 180 | 205 | 30 |
| **Food Samples** | | | |
| Complaint Samples Processed | 115 | 136 | 149 |
| Samples Tested for Pesticides | 339 | 138 | 50 |
| **Food Condemned** | | | |
| Canned Food (kg.) | — | 2,556 | — |
| Fluid Milk (lit.) | — | 93 | — |
| Poultry (kg.) | — | — | 1,977 |
| Eggs (items) | — | — | 25,615 |
| Cheeze (kg.) | — | — | 131 |
| Prepared Foods (items) | — | — | 8 |
| **Uninspected Meat Plant Permits Issued** | 71 | 73 | 80 |
| **Inspected Slaughterhouses Operating** | 29 | 31 | 31 |

Table 1

## Medical Supplies and Home Care Equipment Program: Caseload Movement by Program —

1985/86

| | Continuing Care Supplies[1] | Home Care Equipment[2] | Ostomy Supplies[3] | Respiratory Support Equipment[4] | Wheelchairs | | Total |
|---|---|---|---|---|---|---|---|
| | | | | | Electric | Standard | |
| Beginning of Year | 486 | 21,417 | 1,424 | 143 | 204 | 4,185[5] | 27,859 |
| Cases Opened | 249 | 5,376 | 423 | 114 | 58 | 1,564 | 7,784 |
| Total Cases | 735 | 26,793 | 1,847 | 257 | 262 | 5,749 | 35,643 |
| Cases Closed | 210 | 3,385 | 391 | 61 | 37 | 1,468 | 5,552 |
| End of Year | 525 | 23,408 | 1,456 | 196 | 225 | 4,281 | 30,091 |

*[1] Denote clients who are in receipt of Home Care Services and disposable medical supplies on an on-going basis.*

*[2] Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate their care in their own homes.*

*[3] Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an on-going basis.*

*[4] Denote clients who are utilizing the life-supporting oxygen concentrators on an on-going basis.*

*[5] Revised.*

Table 2

## Medical Supplies and Home Care Equipment Program: Patient and Other Services by Program and Type — 1985/86

| Patient Services | Technician | | | Mail/Transfer/Patient | | Other | Total |
|---|---|---|---|---|---|---|---|
| | Deliveries | Returns | Maintenance | Deliveries | Returns | | |
| Continuing Care Supplies | 997 | 149 | — | 15,448 | 159 | — | 16,753 |
| Home Care Equipment | 8,352 | 5,048 | 461 | 6,428 | 1,914 | — | 22,203 |
| Ostomy Supplies | 630 | 15 | — | 8,764 | 35 | 1,750 | 11,194 |
| Respiratory Support System | 251 | 212 | 54 | — | — | — | 517 |
| Total | 10,230 | 5,424 | 515 | 30,640 | 2,108 | 1,750 | 50,667 |
| Services to Other Programs: | | | | | | | |
| Family Planning | 8 | — | — | 158 | 1 | — | 167 |
| Health Units | 66 | 1 | — | 651 | 5 | — | 723 |
| I.U.D | — | — | — | 750 | — | — | 750 |
| Venereal Diseases | 4 | — | — | 156 | — | — | 160 |
| Total | 78 | 1 | — | 1,715 | 6 | — | 1,800 |
| Total Services | 10,308 | 5,425 | 515 | 32,355 | 2,114 | 1,750 | 52,467 |

Table 1

## Office of Hearing Conservation: Screening, Referrals and Assessments by Region [1]—

1985/86

| Region | Pre-School Children (0-4 Years) | | School Children (5-17 Years) | | | Adults (18-64 Years) | | Adults (65+ Years) | |
|---|---|---|---|---|---|---|---|---|---|
| | Referred For Audiological Assessment | Confirmed Hearing Loss | Total Number Screened | Referred For Audiological Assessment[2] | Confirmed Hearing Loss | Referred For Audiological Assessment | Confirmed Hearing Loss | Referred For Audiological Assessment | Confirmed Hearing Loss |
| Central | 101 | 39 | 3,862 | 622 | 344 | 198 | 92 | 146 | 145 |
| Eastman[3] | 26 | 3 | — | 94 | 28 | 52 | 30 | 63 | 50 |
| Interlake | 112 | 56 | 2,733 | 578 | 231 | 138 | 86 | 145 | 142 |
| Norman | 141 | 53 | 2,280 | 521 | 386 | 230 | 158 | 99 | 55 |
| Parkland | 213 | 70 | 2,327 | 612 | 271 | 334 | 233 | 717 | 709 |
| Thompson | 42 | 13 | 1,905 | 431 | 109 | 200 | 154 | 4 | 4 |
| Westman | 1,311 | 314 | 2,666 | 2,424 | 665 | 399 | 283 | 263 | 250 |
| Winnipeg[4] | 296 | 120 | 10,544 | 1,616 | 863 | 701 | 564 | 798 | 709 |
| Totals | 2,242 | 668 | 26,317 | 6,898 | 2,897 | 2,252 | 1,600 | 2,235 | 2,064 |

*[1] Includes data only from Seven Oaks, Deer Lodge, Victoria and Concordia hospitals of Winnipeg Region.*

*[2] Includes both clinical and school based assessments.*

*[3] Position vacant April to August: figures reported are for January to March.*

*[4] For Victoria hospital total number screened includes one school division which was screened during the first quarter and again in the fourth quarter.*

Table 1

## Home Economics Program: Number of People Provided with Services by Program/Category and Type of Delivery — 1985/86

| Program/Category | Individual | Group Work | Training and Consultation | Total |
|---|---|---|---|---|
| **Nutrition** | | | | |
| Family Nutrition | 12,570 | 10,805 | 3,651 | 27,026 |
| Food Buymanship | 378 | 162 | 35 | 575 |
| Preservation/Preparation | 5,736 | 2,083 | 155 | 7,974 |
| **Financial Management** | | | | |
| Family Spending | 2,025 | 4,036 | 536 | 6,597 |
| Financial Problems | 356 | 645 | 106 | 1,107 |
| Managing Purchases | 1,159 | 647 | 78 | 1,884 |
| **Clothing** | | | | |
| Buymanship | 274 | 267 | 36 | 577 |
| Construction | 984 | 840 | 138 | 1,962 |
| Care | 1,152 | 191 | 26 | 1,369 |
| **Housing** | | | | |
| Energy Conservation | 209 | 55 | 19 | 283 |
| Housing Selection | 119 | 21 | 18 | 158 |
| Maintenance Improvement | 351 | 34 | 9 | 394 |
| Design and Construction | 199 | 117 | 12 | 328 |
| Furnishings | 648 | 368 | 20 | 1,036 |
| **Family Management** | | | | |
| Child Development Family Life | 683 | 1,163 | 120 | 1,966 |
| Home Management | 211 | 313 | 73 | 597 |
| **Community Development** | | | | |
| Community Awareness | 2,439 | 8,465 | 1,290 | 12,194 |
| Leadership Development[1] | 1,044 | 4,662 | 1,100 | 6,806 |
| Total | 30,537 | 34,874 | 7,422 | 72,833 |

[1] *Primarily consists of 4-H leadership development, general community awareness and public relations.*

Table 2

## Home Economics Program: Number of People Provided with Services by Program Clientele and Region [1]—

1985/86



| Program/Clientele | Central | Eastman | Interlake | Norman | North-West | South-West | Thompson | Winnipeg | Total [3] |
|---|---|---|---|---|---|---|---|---|---|
| **Nutrition** | | | | | | | | | |
| General Adult | 2,089 | 4,944 | 2,084 | 1,306 | 1,550 | 2,875 | 622 | 1,155 | 16,747 |
| Pregnant Women | 258 | 133 | 137 | 456 | 201 | 682 | 580 | 1,564 | 4,012 |
| Infant Care Giver | 136 | 246 | 91 | 256 | 146 | 140 | 95 | 1,212 | 2,331 |
| Pre-school Children/ Parent/Worker | 84 | 371 | 53 | 565 | 540 | 103 | 167 | 477 | 2,385 |
| School-age Children/ Parent/Teacher | 769 | 268 | 36 | 821 | 443 | 455 | 183 | 439 | 3,466 |
| Elderly | 137 | 46 | 24 | 66 | 76 | 109 | 1 | 479 | 952 |
| Handicapped | — | 1 | 65 | — | — | — | — | 89 | 155 |
| 4-H Participant [2] | 391 | 160 | 162 | 2 | 207 | 111 | 30 | — | 1,063 |
| Others | 513 | 359 | 112 | 692 | 235 | 730 | 190 | 468 | 4,464 |
| **Financial Management** | | | | | | | | | |
| General Adult | 955 | 995 | 511 | 542 | 698 | 390 | 149 | 697 | 4,946 |
| Adolescent | 209 | 69 | 25 | 70 | 147 | 33 | 50 | 65 | 668 |
| New Couple | 149 | 14 | 44 | 22 | 15 | 3 | — | 133 | 380 |
| Farm Resident | 840 | 77 | 107 | — | 815 | 166 | — | — | 2,005 |
| Handicapped | — | 1 | — | — | — | — | — | 21 | 22 |
| 4-H Participant [2] | 33 | — | 233 | — | 173 | 38 | — | — | 477 |
| Clergy | 2 | 2 | 18 | 22 | 6 | — | — | — | 50 |
| Others | 165 | 86 | 101 | 351 | 122 | 59 | — | 31 | 1,040 |
| **Clothing** | | | | | | | | | |
| General Adult | 775 | 491 | 327 | 24 | 406 | 457 | 1 | 18 | 2,499 |
| Adolescent | — | — | — | 10 | — | — | 3 | — | 13 |
| Elderly | — | — | — | 14 | — | — | — | — | 14 |
| Retailer | 4 | 1 | — | 13 | 5 | 1 | — | — | 24 |
| Handicapped | — | 27 | — | — | — | — | — | — | 27 |
| 4-H Participant [2] | 552 | 16 | 16 | — | 246 | 273 | — | — | 1,103 |
| Others | 123 | 16 | 3 | 24 | 19 | 42 | — | 1 | 228 |
| **Housing** | | | | | | | | | |
| General Adult | 423 | 315 | 122 | 104 | 261 | 203 | — | 1 | 1,622 |
| Trades/Retailer | — | 2 | — | — | — | — | — | — | 2 |
| Handicapped | 2 | 5 | — | — | — | — | — | — | 7 |
| 4-H Participant [2] | 146 | 62 | 43 | — | 82 | 35 | — | — | 368 |
| Others | 77 | 43 | 11 | 2 | 21 | 15 | — | — | 200 |
| **Family Management** | | | | | | | | | |
| General Adult | 346 | 257 | 195 | 368 | 158 | 332 | 12 | 8 | 1,676 |
| Handicapped | — | 26 | — | — | — | — | — | — | 26 |
| Others | 351 | 35 | 51 | 125 | 86 | 211 | — | — | 861 |
| **Community Development** | | | | | | | | | |
| General Adult | 1,629 | 521 | 966 | 201 | 687 | 2,252 | 2 | 219 | 6,477 |
| 4-H Participant [2] | 1,991 | 855 | 1,007 | — | 4,054 | 1,939 | — | — | 9,849 |
| Others | 327 | 101 | 362 | 337 | 427 | 805 | — | 19 | 2,674 |
| Total | 13,476 | 10,545 | 6,906 | 6,393 | 11,826 | 12,459 | 2,085 | 7,096 | 72,833 |

[1] *Home Economics regions are identical with the Department of Agriculture regions.*

[2] *Youth leadership and skill development program in regions outside Manitoba.*

[3] *Includes direct delivery provided by the Directorate.*

Table 1

## Dental Services [1]: Number of Children Eligible, Treated and Percent Utilization by Year of Birth (1970 to 1978) —

July, 1984 to June, 1985

| Year of Birth | Manitoba Children's Dental Program | | |
|---|---|---|---|
| | Eligible | Treated | % Utilization |
| 1970 | 1,876 | 1,510 | 80.49 |
| 1971 | 2,727 | 2,198 | 80.60 |
| 1972 | 2,782 | 2,363 | 84.94 |
| 1973 | 2,563 | 2,164 | 84.43 |
| 1974 | 2,794 | 2,358 | 84.40 |
| 1975 | 2,731 | 2,351 | 86.09 |
| 1976 | 2,604 | 2,225 | 85.45 |
| 1977 | 2,583 | 2,217 | 85.83 |
| 1978 | 2,585 | 2,163 | 83.68 |
| Total | 23,245 | 19,549 | 84.10 |

[1] *Provided by the Children's School Based Program.*

Table 2

## Dental Services: Number of Children Eligible (Birth 1970 to 1978), Treated and Percent Utilization by District —

July, 1983 to June, 1984

| District | Manitoba Children's Dental Program | | |
|---|---|---|---|
| | Eligible | Treated | % Utilization |
| Eastern | 12,790 | 10,512 | 82.19 |
| Western | 10,455 | 9,037 | 86.44 |
| Total | 23,245 | 19,549 | 84.10 |

Table 3

## Dental Services: Number of Services Provided by Manitoba Children's School Based Dental Program by Year of Birth (1972 to 1979) —

1985/86



| | Number of Services Provided to Children | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Year of Birth | | | | | | | | |
| | 1979 | 1978 | 1977 | 1976 | 1975 | 1974 | 1973 | 1972 | Total |
| **Complete Patients** | 1,381 | 1,[illegible]5 | 1,649 | 1,744 | 1,778 | 1,822 | 1,706 | 3,673 | 15,498 |
| **Incomplete Patients** | 86 | 74 | 57 | 68 | 46 | 55 | 39 | 106 | 531 |
| **SERVICES AND CODES** | | | | | | | | | |
| **Examinations** (01200, 01400, 01401, 01402) | 1,511 | 1,947 | 1,680 | 1,865 | 1,782 | 1,946 | 1,735 | 4,151 | 16,617 |
| **Radiographs** | | | | | | | | | |
| Periapicals (02111-02116) | 140 | 159 | 169 | 147 | 118 | 101 | 77 | 168 | 1,079 |
| Bitewings (02141-02144) | 1,282 | 779 | 986 | 968 | 823 | 905 | 733 | 1,942 | 8,418 |
| **Prevention** | | | | | | | | | |
| Prophylaxis (11200) | 1,307 | 747 | 798 | 889 | 851 | 944 | 866 | 2,163 | 8,565 |
| Topical Fluoride (12200) | 1,288 | 715 | 741 | 769 | 731 | 785 | 727 | 1,832 | 7,588 |
| Nut. Counselling and OHI (13200) | 1,325 | 1,057 | 1,121 | 1,154 | 1,161 | 1,301 | 1,190 | 2,547 | 10,856 |
| Space Maintainers (15100-15210) | 103 | 112 | 91 | 40 | 22 | 7 | 7 | 3 | 385 |
| Other Ortho Services (15500) | 7 | 33 | 42 | 41 | 23 | 16 | 5 | — | 167 |
| **Restorations** | | | | | | | | | |
| Amalgams (21101-21225) | 2,792 | 2,071 | 1,601 | 1,446 | 1,132 | 1,115 | 1,032 | 2,973 | 14,162 |
| Retentive Pins (21301-21303) | 1 | 3 | 1 | — | 2 | 3 | 5 | 22 | 37 |
| Composite (23111-23223) | 21 | 13 | 49 | 53 | 67 | 88 | 100 | 253 | 644 |
| Crowns (21401-21421) | 625 | 316 | 190 | 133 | 81 | 23 | 8 | 17 | 1,393 |
| Other Rest. Services (29100-29800) | — | — | — | 1 | 1 | 1 | — | 5 | 8 |
| **Pulp Therapy** | | | | | | | | | |
| Pulpotomy (32201-32212, 39901-39909) | 491 | 180 | 97 | 64 | 57 | 16 | 5 | 2 | 912 |
| Others (33100-33511, 39910-39985) | — | 5 | 1 | 1 | 4 | 10 | 5 | 19 | 45 |
| **Prosthodontics** (52120-52221) | — | — | 1 | 1 | 1 | — | 2 | 2 | 7 |
| **Surgical Procedures** | | | | | | | | | |
| Exractions (71101-72320) | 312 | 314 | 325 | 367 | 358 | 403 | 286 | 249 | 2,614 |
| Other Surgical Proc. (72410-79400) | — | — | — | — | — | — | — | — | — |
| **Adjunctive Services** (94200, 94400) | — | — | — | — | — | 3 | — | 1 | 4 |
| **Misc. Procedures Not Included Above** | 706 | 631 | 584 | 513 | 360 | 342 | 198 | 369 | 3,703 |
| Total | 11,911 | 9,082 | 8,477 | 8,452 | 7,574 | 8,009 | 6,981 | 16,718 | 77,204 |

Table 4

## Dental Services: Preventive Dental Public Health Services Provided As Part of the Manitoba Children's Dental Program —

July, 1984 to June, 1985

| | Number of Schools | | | | | Approximate Number of Children | |
|---|---|---|---|---|---|---|---|
| | | | Non-Participating | | | | |
| Program | Approached | Participating | By Choice | Fluoridated Water Supply | Compite | Eligible | Participating |
| Daily Brushing (Classroom) | 365 | 143 | 222 | N/A | N/A | 43,480 | 5,365 |
| Dental Health Education | 407 | 313 | 17 | N/A | 77 | 51,852 | 36,025 |
| Weekly Fluoride Rinse | 402 | 385 | 9 | 8 | N/A | 54,368 | 46,404 |

Table 5

## Dental Services: Number of Services Provided by Manitoba Dental Association Program by Year of Birth (1972 to 1979) —

1985/86



| | Number of Services Provided to Children | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Year of Birth | | | | | | | | |
| | 1979 | 1978 | 1977 | 1976 | 1975 | 1974 | 1973 | 1972 | Total |
| **Complete Patients** | 1,758 | 2,174 | 2,250 | 2,266 | 2,121 | 2,019 | 1,940 | 3,548 | 18,076 |
| **Incomplete Patients** | 207 | 317 | 320 | 305 | 257 | 240 | 263 | 448 | 2,357 |
| **SERVICES AND CODES** | | | | | | | | | |
| **Examinations** (01200, 01400, 01401, 01402) | 1,984 | 2,754 | 2,774 | 2,690 | 2,590 | 2,435 | 2,397 | 3,986 | 21,610 |
| **Radiographs** | | | | | | | | | |
| Single Film (02111) | 58 | 151 | 170 | 153 | 131 | 95 | 81 | 116 | 955 |
| Two Films (02112) | 1,261 | 1,007 | 1,256 | 1,281 | 1,242 | 1,198 | 1,204 | 2,129 | 10,578 |
| Three Films (02113) | 29 | 28 | 38 | 33 | 23 | 22 | 20 | 53 | 246 |
| Four Films (02114) | 5 | 17 | 11 | 14 | 15 | 17 | 18 | 24 | 121 |
| Five Films (02115) | 1 | 1 | 3 | 2 | 1 | 2 | 2 | 1 | 13 |
| Six Films (02116) | 3 | 1 | 1 | 4 | 2 | 3 | — | 3 | 17 |
| **Prevention** | | | | | | | | | |
| Prophylaxis (11200) | 13 | 14 | 30 | 21 | 13 | 13 | 7 | 14 | 125 |
| Topical Fluoride (12200) | 12 | 16 | 26 | 16 | 15 | 11 | 7 | 12 | 115 |
| Nut. Counselling and OHI (13200) | 14 | 32 | 40 | 37 | 21 | 18 | 13 | 20 | 195 |
| Other Prev. Services Included in Exam Package (11111) | | | | | | | | | |
| Space Maintainers (15100-15210) | 142 | 178 | 189 | 140 | 52 | 28 | 16 | 13 | 758 |
| Other Ortho Services (15500) | 9 | 80 | 106 | 105 | 59 | 35 | 9 | 13 | 416 |
| **Restorations** | | | | | | | | | |
| Amalgams (21101-21225) | 2,653 | 2,489 | 2,501 | 2,065 | 1,632 | 1,318 | 1,494 | 3,592 | 17,744 |
| Retentive Pins (21301-21303) | 5 | 5 | 6 | 7 | 20 | 15 | 8 | 20 | 86 |
| Composite (23111-23223) | 143 | 205 | 181 | 207 | 229 | 318 | 313 | 632 | 2,228 |
| Crowns (21401-21421) | 397 | 216 | 134 | 107 | 72 | 16 | 12 | 16 | 970 |
| Other Rest. Services (29100-29800) | — | — | — | 1 | 2 | — | 3 | 9 | 15 |
| **Pulp Therapy** | | | | | | | | | |
| Pulpotomy (32201-32212, 39901-39909) | 276 | 153 | 101 | 83 | 43 | 16 | 8 | 13 | 693 |
| Others (33100-33511, 39910-39985) | 2 | 6 | 14 | 10 | 23 | 23 | 24 | 49 | 151 |
| **Prosthodontics** (52120-52221) | — | — | 3 | — | — | 1 | 1 | 9 | 14 |
| **Surgical Procedures** | | | | | | | | | |
| Exractions (71101-72320) | 396 | 611 | 663 | 789 | 783 | 786 | 649 | 726 | 5,403 |
| Other Surgical Proc. (72410-79400) | 1 | 1 | 1 | — | — | 2 | — | 1 | 6 |
| **Adjunctive Services** (94200, 94400) | 3 | 4 | 6 | 2 | 2 | 2 | 1 | — | 20 |
| **Misc. Procedures Not Included Above** | 144 | 211 | 266 | 180 | 157 | 114 | 77 | 150 | 1,299 |
| Total | 7,551 | 8,180 | 8,520 | 7,947 | 7,127 | 6,488 | 6,364 | 11,601 | 63,778 |

Table 1

## Maximum Number of Persons Receiving Co-ordinated Home Care Services by Region —

April, 1985 to March, 1986

| Region | April | May | June | July | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | March |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Central | 817 | 821 | 803 | 788 | 782 | 805 | 792 | 869 | 810 | 827 | 834 | 826 |
| Eastman | 758 | 758 | 755 | 790 | 811 | 824 | 838 | 862 | 882 | 905 | 926 | 910 |
| Interlake | 938 | 961 | 961 | 994 | 991 | 1,010 | 1,032 | 1,031 | 1,034 | 1,044 | 1,061 | 1,077 |
| Norman | 333 | 345 | 327 | 341 | 348 | 354 | 346 | 359 | 360 | 372 | 382 | 382 |
| Parkland | 666 | 663 | 758 | 734 | 751 | 759 | 759 | 768 | 741 | 719 | 751 | 759 |
| Thompson | 92 | 89 | 88 | 79 | 77 | 75 | 85 | 87 | 83 | 92 | 92 | 94 |
| Westman | 1,136 | 1,141 | 1,179 | 1,199 | 1,191 | 1,214 | 1,215 | 1,209 | 1,186 | 1,241 | 1,258 | 1,276 |
| Winnipeg | 8,105 | 8,223 | 8,146 | 8,304 | 8,363 | 8,426 | 8,629 | 8,571 | 8,701 | 8,864 | 8,816 | 8,947 |
| Total | 12,845 | 13,001 | 13,017 | 13,229 | 13,314 | 13,467 | 13,696 | 13,756 | 13,797 | 14,064 | 14,120 | 14,271 |

Table 2
## Home Care Program: Caseload Movement by Age Group —
1985/86

| | 0-18 | 19-64 | 65+ | Total |
|---|---|---|---|---|
| At Beginning of Year[1] | 250 | 2,273 | 9,325 | 11,848 |
| Admissions | 246 | 2,759 | 8,474 | 11,479 |
| Discharges | 235 | 2,523 | 7,425 | 10,183 |
| At End of Year[2] | 261 | 2,453 | 10,479 | 13,193 |

[1] *Revised.*

[2] *Year end count does not balance due to age reclassification and the fact that transfers in and out may not be reported in the same month.*

Table 3
## Home Care Program: Average Monthly Number of Persons Receiving Selected Services [1] by Category —
1983/84 to 1985/86

| Services[2] | Average Monthly Number of Persons | | |
|---|---|---|---|
| | 1983/84 | 1984/85 | 1985/86 |
| Home Support Service[3] | 6,925 | 7,514 | 7,610 |
| Home Care Attendance[3] | 976 | 1,145 | 2,231 |
| Overnight and Daily Work[3] | — | — | 104 |
| Registered Nursing | 3,902 | 3,975 | 4,397 |
| Licensed Practical Nursing | 1,326 | 1,452 | 1,538 |
| Therapy[4] | 339 | 341 | 324 |

[1] *In addition Home Care Services include health supervision, health education, health counselling, and volunteer services such as shopping and friendly visiting.*

[2] *An individual can receive more than one category of service.*

[3] *In 1985/86 the direct service categories of Homemakers and Home Care Attendants were reclassified into Home Support Workers, Home Care Attendants, Daily Workers, and Overnight Workers.*

[4] *Therapy is provided by Community Therapy Services of Manitoba and includes physiotherapy and occupational therapy.*

Table 4

## Number of Persons on the Waiting List for Personal Care Homes at End of March,

1982 to 1986

| | 1983 | 1984 | 1985 | 1986 |
|---|---|---|---|---|
| Rural Area | 697 | 621 | 765 | 594 |
| Winnipeg | 717 | 1,049 | 925 | 916 |
| Total | 1,414 | 1,670 | 1,690 | 1,510 |

Table 5

## Percentage of Persons on Waiting List Receiving Home Care Pending Placement —

At End of 1983, 1984, and 1985/86

| | 1983 | 1984 | 1985/86 |
|---|---|---|---|
| Rural Area | 31.0 | 43.8 | 35.5 |
| Winnipeg | 44.9 | 47.2 | 38.3 |
| Total | 38.2 | 45.9 | 37.2 |

[1] *In March of 1986 46.5% of those waiting placement were in hospital. Other community cases not on Home Care above were being cared for by family and/or friends.*

**Table 1 Manitoba Health**

## Departmental Expenditure Summary

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) |
|---|---|---|---|---|
| 21-1 | Administration and Finance | 2,367.8 | 2,638.2 | (270.4) |
| 21-2 | Community Health Programs | 43,936.1 | 43,968.1 | (32.0) |
| 21-3 | Community Health Operations | 53,820.6 | 54,567.0 | (746.4) |
| 21-4 | Children's Psychiatric and Forensic Services | 1,716.1 | 1,946.1 | (230.0) |
| 21-5 | Sport | 638.0 | 654.0 | (16.0) |
| Total Department | | 102,478.6 | 103,773.4 | (1,294.8) |

[1] *Bracketed figures indicate an underexpenditure*

Table 2 Manitoba Health

## Expenditure Summary Appropriation 21-1

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-1A | Minister's Salary | 9.1 | 9.8 | (.7) | |
| 21-1B | Executive Support | | | | |
| -1 | Salaries | 186.0 | 197.7 | (11.7) | |
| -2 | Other Expenditures | 82.9 | 73.5 | 9.4 | |
| 21-1C | Research and Planning | | | | |
| -1 | Salaries | 380.2 | 399.3 | (19.1) | |
| -2 | Other Expenditures | 98.5 | 254.3 | (155.8) | 1 |
| 21-1D | Communications | | | | |
| -2 | Other Expenditures | 11.0 | 25.0 | (14.0) | 2 |
| 21-1E | Administration and Finance | | | | |
| -1 | Salaries | 649.5 | 676.7 | (27.2) | |
| -2 | Other Expenditures | 116.6 | 116.2 | .4 | |
| 21-1G | Personnel Management Services | | | | |
| -1 | Salaries | 240.5 | 242.3 | (1.8) | |
| -2 | Other Expenditures | 20.7 | 21.0 | (.3) | |
| 21-1H | Management and Analytical Services | | | | |
| -1 | Salaries | 436.7 | 460.3 | (23.6) | |
| -2 | Other Expenditures | 58.2 | 72.3 | (14.1) | |
| 21-1J | Human Resources Development | | | | |
| -1 | Salaries | 64.1 | 67.3 | (3.2) | |
| -2 | Other Expenditures | 13.8 | 22.5 | (8.7) | 3 |
| Total Appropriation 21-1 | | 2,367.8 | 2,638.2 | (270.4) | |

[1] *Bracketed figures indicate an underexpenditure*

Table 3 Manitoba Health

## Expenditure Summary Appropriation 21-2

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-2A | Programs Support | | | | |
| -1 | Salaries | 645.7 | 790.4 | (144.7) | 4 |
| -2 | Other Expenditures | 174.2 | 117.2 | 57.0 | 5 |
| 21-2B | Communicable Disease Control | | | | |
| -1 | Salaries | 481.4 | 474.0 | 7.4 | |
| -2 | Other Expenditures | 3,149.4 | 2,476.0 | 673.4 | 6 |
| 21-2C | Maternal and Child Health | | | | |
| -1 | Salaries | 183.4 | 211.7 | (28.3) | |
| -2 | Other Expenditures | 424.8 | 482.0 | (57.2) | |
| -3 | External Agencies | 194.9 | 212.9 | (18.0) | |
| 21-2D | Health Promotion | | | | |
| -1 | Salaries | 795.6 | 921.3 | (125.7) | |
| -2 | Other Expenditures | 239.8 | 243.9 | (4.1) | |
| -3 | External Agencies | 603.6 | 608.6 | (5.0) | |
| 21-2E | Hearing Conservation | | | | |
| -1 | Salaries | 264.7 | 269.5 | (4.8) | |
| -2 | Other Expenditures | 234.3 | 261.7 | (27.4) | |
| -3 | External Agencies | 36.2 | 36.2 | — | |
| 21-2F | Gerontology | | | | |
| -1 | Salaries | 119.2 | 128.1 | (8.9) | |
| -2 | Other Expenditures | 370.7 | 681.0 | (310.3) | 7 |
| 21-2G | Continuing Care | | | | |
| -1 | Salaries | 266.7 | 261.4 | 5.3 | |
| -2 | Other Expenditures | 56.9 | 231.8 | (174.9) | 8 |
| -3 | Home Care Assistance | 24,955.7 | 22,949.3 | (2,006.4) | 9 |
| -4 | External Agencies | 547.0 | 647.8 | (100.8) | 10 |

[1] *Bracketed figures indicate an underexpenditure*

**Table 3 Manitoba Health**

## Expenditure Summary Appropriation 21-2

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-2H | Medical Equipment and Supplies | | | | |
| -1 | Salaries | 488.2 | 469.5 | 18.7 | |
| -2 | Other Expenditures | 2,060.1 | 2,000.0 | 60.1 | |
| -3 | External Agencies | 498.6 | 498.6 | — | |
| 21-2J | Dental Services | | | | |
| -1 | Salaries | 1,917.0 | 2,286.9 | (369.9) | 11 |
| -2 | Other Expenditures | 2,393.7 | 2,963.5 | (569.8) | 12 |
| -3 | External Agencies | 152.1 | 186.8 | (34.7) | |
| 21-2K | Environmental Health | | | | |
| -1 | Salaries | 207.0 | 195.9 | 11.1 | |
| -2 | Other Expenditures | 9.2 | 17.0 | (7.8) | 13 |
| 21-2M | Mental Health Directorate | | | | |
| -1 | Salaries | 89.8 | 172.6 | (82.8) | 14 |
| -2 | Other Expenditures | 203.6 | 320.5 | (116.9) | 15 |
| -3 | External Agencies | 963.4 | 1,546.7 | (583.3) | 16 |
| 21-2N | Health Information Resources | | | | |
| -1 | Salaries | 172.9 | 200.9 | (28.0) | |
| -2 | Other Expenditures | 218.4 | 268.9 | (50.5) | |
| 21-2P | Manitoba Health Research Council | 787.0 | 787.0 | — | |
| 21-2Q | Northern Health | | | | |
| -2 | Other Expenditures | 30.9 | 48.5 | (17.6) | 17 |
| Total Appropriation 21-2 | | 43,936.1 | 43,968.1 | (32.0) | |

[1] *Bracketed figures indicate an underexpenditure*

Table 4 Manitoba Health

## Expenditure Summary Appropriation 21-3

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-3A | Operations Support | | | | |
| -1 | Salaries | 241.3 | 237.6 | 3.7 | |
| -2 | Other Expenditures | 20.0 | 34.3 | (14.3) | 18 |
| 21-3B | Regional Services | | | | |
| -1 | Salaries | 17,641.6 | 17,990.8 | (349.2) | |
| -2 | Other Expenditures | 2,654.1 | 2,903.5 | (249.4) | |
| 21-3C | Brandon Mental Health Centre | | | | |
| -1 | Salaries | 16,350.8 | 16,553.9 | (203.1) | |
| -2 | Other Expenditures | 2,216.0 | 2,223.5 | (7.5) | |
| 21-3D | Selkirk Mental Health Centre | | | | |
| -1 | Salaries | 12,820.1 | 12,675.1 | 145.0 | |
| -2 | Other Expenditures | 1,876.7 | 1,948.3 | (71.6) | |
| Total Appropriation 21-3 | | 53,820.6 | 54,567.0 | (746.4) | |

[1] *Bracketed figures indicate an underexpenditure*

**Table 5 Manitoba Health**

## Expenditure Summary Appropriation 21-4

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-4A | Chief Provincial Psychiatrist | | | | |
| -1 | Salaries | 162.3 | 238.3 | (76.0) | 19 |
| -2 | Other Expenditures | 102.5 | 40.7 | 61.8 | 20 |
| -3 | Professional Training | 1.0 | 25.0 | (24.0) | 21 |
| 21-4B | Forensic Services | | | | |
| -1 | Salaries | 355.4 | 441.6 | (86.2) | |
| -2 | Other Expenditures | 148.7 | 157.5 | (8.8) | |
| 21-4C | Children's Psychiatric Services | | | | |
| -1 | Salaries | 786.0 | 911.5 | (125.5) | 22 |
| -2 | Other Expenditures | 160.2 | 131.5 | 28.7 | |
| Total Appropriation 21-4 | | 1,716.1 | 1,946.1 | (230.0) | |

[1] *Bracketed figures indicate an underexpenditure*

**Table 6 Manitoba Health**

## Expenditure Summary Appropriation 21-5

April 1, 1985 — March 31, 1986

| Appropriation Number | Program/Service | Expenditures ($000) | Estimates ($000) | Variance[1] ($000) | Explanation Number |
|---|---|---|---|---|---|
| 21-5A | Executive | | | | |
| -1 | Salaries | 114.8 | 114.3 | .5 | |
| -2 | Other Expenditures | 3.8 | 4.0 | (.2) | |
| 21-5B | Sport Directorate | | | | |
| -1 | Salaries | 144.4 | 150.9 | (6.5) | |
| -2 | Other Expenditures | 44.2 | 54.0 | (9.8) | |
| -3 | External Agencies | 330.8 | 330.8 | — | |
| Total Appropriation 21-5 | | 638.0 | 654.0 | (16.0) | |

[1] *Bracketed figures indicate an underexpenditure*

**Manitoba Health**

## Explanations

April 1, 1985 — March 31, 1986

1. The underexpenditure is due to lower than expected computer related charges.
2. Communications expenditures were lower than originally anticipated.
3. The underexpenditure resulted from being able to deliver new Employee Educational Assistance programs at a lower cost than anticipated.
4. The surplus in Salaries is due to vacant Medical Officer positions and vacant positions which were filled at lower classifications.
5. The increased expenditure was for Professional Services for the provision of medical expertise and consultation and the centralization of photocopier expense for programs.
6. The increase in Other Expenditures is made up of the following:
   a) an overexpenditure due to increased computer related expenditures and increased medical supplies expenditures as a result of the measles outbreak.
   b) an overexpenditure in Food Protection due in part to a 14% increase in the number of animals inspected and in part to a retroactive increase for meat inspectors which was higher than anticipated.
   c) an underexpenditure in the Western Equine Encephalitis Program due mainly to weather conditions which restricted mosquito activity thus reducing costs.
   d) an overexpenditure in Biologics is due to the unforeseen measles outbreak which resulted in additional purchases of approximately 58,000 doses of MMR vaccine.
   e) An overexpenditure in the Life Saving Drugs program, was due to a 30% increase in patients enrolled in the program, patients on highly expensive drugs, and a 10% increase in the cost of medications.
   f) an underexpenditure in the Sexually Transmitted Disease program was due to decreased computer expenditures, in part to decreased Professional Fees and in part to decreased purchases of Pro-Amp kits.
7. The surplus is due to:
   a) Support Services to Senior projects which were estimated at full time on initiation but were phased in on a less than full time basis in the first year of operation. Some sites which had been anticipated to require full year funding in 1985/86 required additional preparation time before funding was required, resulting in a surplus.
   b) due to a delay in appointing members, the Manitoba Council on Aging met fewer times than anticipated resulting in an underexpenditure.
   c) the cost of the Fourth Manitoba Conference on Aging was less than anticipated.
8. The underexpenditure is due to computer related expenditures being less than anticipated due to the delay of the computerization project.
9. The overexpenditure in Home Care Assistance is due to the following:
   a) the Cerebral Palsy Project for independent living was delayed.
   b) training costs were less than anticipated.
   c) V.O.N. Nursing and Short Term expenditures exceeded the budgeted amount as a result of V.O.N. Nursing costs being higher than anticipated. There was an increase in V.O.N. Home Help costs of 38.3%, in the units of service, and heavier care needs of clients and a shortage of Homemaker staff to provide services.
   d) Regional Service expenditures exceeded planned amount due to:
      (i) reclassification of Homemaker staff resulting in an increase in the cost per unit of service
      (ii) increases in units of service per client in the 40% range due to heavier care needs of clients, as well as approximately a 14.4% increase in the number of clients
      (iii) increase in the number of terminally ill clients requiring heavier care and support at home
      (iv) increase in the number of clients requiring support while awaiting Personal Care Home placement

(v) increase in the Home Orderly Service for overtime due to service being provided on statutory holidays, more special care clients and the need to have staff "on call"

(vi) Resource Coordination exceeded plans as the increases in the number of clients resulted in ongoing need for HSW/HCA, recruitment, orientation and placement

(vii) the anticipated increase in demand for Community Therapy Services did not materialize

(viii) workloads did not allow for all training programs to be completed

10. The underexpenditure in External Agencies is due to the Fokus IV housing unit which did not start operating until February 1986.
11. The underexpenditure in Salaries is due to the inability to fill staff vacancies with qualified candidates.
12. The surplus in Other Expenditures is due to the deferral of the Winnipeg Pilot Project, and other program adjustments.
13. The underexpenditure is due mainly to travel costs being lower than anticipated as most public hearings and meetings on environmental issues were scheduled in the Winnipeg area rather than in rural Manitoba.
14. The under expenditure in Salaries is due to staff vancies and to vacant positions being filled at lower classifications.
15. The reduction in Other expenditures is due to the following:
    a) decreased training expenditures as some of the modules planned for the latter part of the year were cancelled.
    b) decreased transmission costs on the AV Link as transmission did not start until October, 1985.
    c) decreased travel expenditures due to Regional Advisory Boards not becoming operational.
    d) operating expenditures such as repairs and maintenance of vehicles were lower than anticipated.
16. The underexpenditure in External Agencies is due to the following:
    a) the new initiative grants for Developmental Services/Community Residences and Day Programs were lower than planned because of delays in maintaining momentum to accelerate the development of programs at the community level.
    b) the grant to Linden Place, Winkler and Manitoba Friends of Schizophrenics were lower than planned.
17. The underexpenditure is due to the concellation of the educational program for Public Health Nurses in northern regions as a result of lack of appropriate facilities and non-availability of qualified instructors.
18. The underexpenditure is due to an internal reorganization of the Operations Support Program and resulted in reductions in various areas of expenditure.
19. The surplus in salary is due to the Chief Provincial Psychiatrist's position being vacant as this position was filled under contract with the University of Manitoba and vacant positions being filled at a lower classification.
20. The overexpenditure was due mainly to the reimbursement to the University of Manitoba for the services provided by the Chief Provincial Psychiatrist who was retained on a contract basis.
21. The underexpenditure in Professional Training was due to less professional training activities for physicians than anticipated.
22. The surplus in Salaries is due to difficulties in recruiting psychiatrists to fill full time positions. Also contributing to the underexpenditure are vacant positions and incumbents employed on apart time basis.